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MARYLAND MEDICAL JOURNAL

A WEEKLY JOURNAL OF MEDICINE AND SURGERY

J. F. SCHULZ, BALTO.

Volume XXXII.

NOVEMBER, 1894—APRIL, 1895.

Medical and Chirurgical
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BALTIMORE:
MARYLAND MEDICAL JOURNAL PRINT,
209 PARK AVENUE.
1895.

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXII.—No. 1. BALTIMORE, OCTOBER 20, 1894. Whole No. 708

ORIGINAL ARTICLES.

COD LIVER OIL. WHAT IS IT?

By Reynold W. Wilcox, M. D., LL. D.,
Professor of Clinical Medicine and Therapeutics at the New York Post-Graduate Medical School and Hospital; Visiting Physician to St. Mark's Hospital.

Ever since 1841, when cod liver oil was so strongly advocated by Bennett, it has held a prominent place in the confidence of physicians. From this date we find that many and careful studies have been made, so that we may say that its scientific use is of comparatively recent origin, although it has been employed empirically for nearly two hundred years. The chemistry of this substance is by no means, even now, complete, although many analyses have been made, so that at intervals one finds in the literature various hypotheses as to what ingredients this remedy's virtues may be attributed. In spite of discordant theories and the contradictory results of chemical analysis, cod liver oil is still regarded as a remedy of the highest value in diseases which are marked by malnutrition, of which pulmonary tuberculosis is the most frequent occasion for its employment.

What then can be said of its composition? Briefly, it is principally, first, olein glyceride (70 per cent.) with variable quantities of stearin, palmitin (nearly 25 per cent.), and myristin glycerides, the latter increasing with the darker color. So far no controversy has arisen beyond the unconfirmed statement of Winckler (1852) that glycerin could not be obtained from cod liver oil, which he regarded as a whole, containing propyl oxide. Second, iodine, in from 0.0012 (Bird) to 0.004 per cent. (de Jongh), its presence first demonstrated by de l'Orme, but even now it is not known in what form it exists. On the other hand, several observers have failed to detect it in all specimens. Third, bromine. Fourth, phosphorus as pre-existent phosphoric acid 0.0789, as obtained by total oxidation of the oil 0.1047 per cent. (de Jongh). Fifth, sulphur. Sixth, biliary acids. Seventh, free acids, calculated as acetic acid, 0.01 to 1.80 per cent. (Charles, 1882) and regarded as butyric and acetic acid by de Jongh (1849). It is quite likely that free oleic, palmitric and stearic acids exist in the oil. Eighth, gaduin $C_{35}H_{46}O_9$ identical with morrhuic acid (Gautier and Mourgues, 1888) existing as an unstable compound resembling lecithin, and in contact with acids and alkalies decomposing into morrhuic acid, $C_9H_{13}NO_3$, phosphoric acid and glycerin. Ninth, gadic acid, (Luck, 1857) deposited from light-brown oil.

Under the name of morrhuolins are included the so-called alkaloids of cod liver oil; morrhuic acid mentioned above; dihydrolutidin, $C_7H_{11}N$; asellin, $C_{25}H_{32}N_4$; amylamin $C_5H_{13}N$; oxycollidin, $C_8H_{11}NO$; morrhuin, $C_9H_{27}N_3$; nicomorrhuin, $C_{20}H_{28}N_4$; the last four being the most active.

Gautier and Mourgues found, however, in yellow oils six definite bases, butylamin, amylamin, hexylamin, dihydrolutidin, asellin, morrhuin and morrhuic acid. It will be observed that they failed to find oxycollidin and nicomorrhuin. So far as the oily constituents, iodine, bromine, sulphur, phosphorus, biliary substances and free acids are concerned, there is virtual agreement in the results of analyses. As to the so-called alkaloids, or definite bases, there is abundant opportunity for criticism. It is remarkable that they are most abundant in the brown oils, and from these is commercially obtained morrhuol, the name applied to an alcoholic extractive derivable from cod liver oil and of probably indefinite chemical structure. Similarly the term gaduol has been employed. Presumably morrhuol, which according to Lafarge (1885) is a very aromatic substance of a sharp, bitter taste found in brown oils 4.500 to 6.00, yellow oils 2.50 to 3.00, and in white oils 1.50 to 2.00 per cent., contains most of the so-called alkaloids, together with the iodine, bromine and phosphorus, and is the substance which is supposed to represent the active principles of the oil.

The physiological properties of the seven alkaloids have been determined by Gautier and Mourgues to be as follows : Butylamin ; in sufficient dose this produces in animals fatigue, stupor, vomiting and a certain degree of paresis ; in small doses it excites the urinary secretions ; in large doses it is at the same time convulsive and paralyzing. In medium doses it throws the animals into a sort of somnolence, with muscular paresis, but with complete conservation of the intelligence. Although poisonous, it does not produce death unless in very large doses. Amylamin; this is a very active base. In small doses it excites the reflexes and the urinary secretion. In large doses it provokes convulsive trembling ; then regular convulsions and death. Hexylamin ; acts almost like amylamin but with less intensity. Dihydrolutidin ; is rather a toxic base, even in small doses, when it produces a notable diminution of sensibility. In larger doses it provokes trembling and convulsions in the muscles of the face. With still larger doses in a guinea-pig the trembling increases and becomes more general. Very lively periods of excitation are followed by profound depression with insensibility and paralysis of the muscles, especially of the posterior members. The animal gradually goes into an asphyxiated collapse. Asellin ; is only a feebly active base. In sufficient dose it produces dyspnea, stupor, convulsive troubles, and in large doses, death. Morrhuin ; is one of the most active principles of the oil ; it is also in larger quantity—a little more than one-third of the total alkaloids. This is believed to be a powerful stimulant to the functions of nutrition and assimilation, producing a rapid circulation of the extractive residues of cell life towards the blood and kidneys; there they are eliminated, and in this way provokes indirectly a powerful movement of the assimilation. Virtually it is believed to increase the appetite, provoke diaphoresis and diuresis.

As we read the results of these experiments we cannot but be impressed by the fact that these symptoms are the symptoms of ptomaine poisoning. And when one remembers that the process of manufacturing hitherto employed is such that putrefaction is an important factor in the production of the oil, as anyone will testify who has visited the North Cape, where the stench encountered upon the journey is as prevalent and as repulsive as that found near the menhaden-rendering works of the Atlantic Coast, the impression becomes a certainty. Without doubt, the alkaloids contained in morrhuol are putrefactive or cadaveric alkaloids, and of these amylamin, asellin, dihydrolutidin are assuredly poisonous and are so classified in Gould's table as modified from Vaughan and Novy. Amylamin can also be obtained from horn and from putrid yeast. Morrhuin, as is stated above, is probably diuretic and diaphoretic. Butylamin may or may not be toxic ; it is quite probably the latter. That any of these alkaloids are present in cod liver oil when prepared

at the place of the fisheries, by a proper process, is extremely doubtful. So far as I can learn, no analyses have been made of such cod liver oil. To assume that morrhuol represents in any way the active therapeutic properties of cod liver oil, is to assume that cod liver oil is useful only in the proportion that it is putrefied. My attention having been called to the reports of Lafarge, (1885) and later of Germain Sée, I experimented with morrhuol for several months, and finally, convinced of its absolute failure, I abandoned its use. I was so thoroughly positive of its uselessness that the paper of Bouillot did not induce me to repeat my observations. If there are any medical properties in the preparations of the so-called active principles from which oil is removed, or which are removed from the oil, they must be entirely due to the other substances with which they are incorporated. The substitution of active principles in place of crude drugs is praiseworthy, when it is proved that these active principles represent the properties of the drug, or possess in themselves definite physiological action. With less of difficulty no digitalin, nor digitonin, nor digitoxin, has yet been isolated which fully represents digitalis, why then need we expect that alkaloids shall represent cod liver oil, even if they arise from its putrefaction?

To what then can we attribute the beneficial action of cod liver oil in wasting diseases? That cod liver oil is a food, a food of especial value, because of its peculiar properties.

To quote Farquharson, "It has been proved by experiment that animal are more digestible than vegetable oils, and cod liver oil is the most readily assimilated of all. After being emulsified by the pancreatic juice, it comes in contact with the bile, which distinctly increases its power in passing through moist animal membrane; and it is probable also that the biliary principles incorporated in its own structure aid in enabling it to be easily absorbed by the lacteals. Its action in the system is to improve the general constitutional tone, to evolve force and heat, and to aid in supplying those fatty elements which are so essentially requisite for the construction and repair of the tissues. It supplies the fatty matter on which the proper functions of cell growth and development depend, the nuclei in the cells being formed of fat."

The free fatty acids contain also aid in emulsification and absorption from the alimentary canal. It improves the nutrition and supplies the fatty ingredients necessary for the growth and repair of the nervous system. It improves the quality of the blood, increasing the number of the red corpuscles and strengthens the heart muscle. Although the quantity of iodine, bromine and phosphorus is small, so far as their influence goes, they are of use. Brunton has pointed out that, because it nourishes the young epithelial cells of the bronchial mucous membrane, enabling them to grow instead of being converted into pus, it is of undoubted efficacy as an expectorant. Thousands of lives would undoubtedly have been saved, had the profession understood that beef-tea, as formerly made, containing scarcely more than the soluble extractives, possesses about as much value as a nutrient as urine.

Shall we now go on to administer the extraction of the cod liver oil, cadaveric alkaloids of demonstrated poisonous properties, of which the best that can be said is that one is diaphoretic and diuretic in its action and increases the appetite, and discard the really valuable constituents, which make up the food? A tuberculous patient can generate a sufficient amount of ptomaine without any assistance from the physician. It is the prevention of the formation, not elimination, that one seeks in treatment. An analogous procedure would be the administration of beef-tea made from putrid meat.

The use of the extractives of cod liver oil is no new idea. In 1866, an extract, an evaporated watery extract, made from the livers in preparing the oil, was used. It soon fell into disuse. Granting that the ptomaines of putrid oil are harmless, which is as yet by no means proven, for the quantity in which they

have been administered has been too small for any definite conclusion, if there are any remedial properties in the extracts or wines, it must be in the substances incorporated with them, but which are better administered separately. How then shall we prescribe cod liver oil? By emulsions, which are heavily charged with mucilage and contain water which favors rancidity? Of all which I have used, and every one which I could obtain has been used in my hospital and dispensary service, but one has been satisfactory and that only when freshly made. For fourteen years I have used an oil of which the only recommendation it claimed was that it was obtained from fresh livers by cold expression. It was of American origin and on that account was not obtained from the cod when in as good condition as when off the shores of Norway. As it was, its use was far more satisfactory than that of emulsions or mixtures of whatever sort.

During the past few months I have used with great satisfaction the improved Lofoten cod liver oil, which is simply an oil obtained on the site of the fisheries from the livers of the fish at the time they are taken from the water. The process of manufacture is carefully carried out so that absolute cleanliness and freshness of the material shall be secured and that no decomposition shall take place. The disagreeable odor and flavor is removed, but no constituent important for its use as a food is taken out. Specimens kept for months have as yet shown no change. The problem seems to be solved. A food to be of its highest usefulness must be palatable; the most weighty objection is now done away with.

The oil should be given during the height of pancreatic digestion, one to two hours after eating, so that it may pass rapidly through the stomach and be absorbed during intestinal digestion. The stools should be watched that more shall not be administered than can be absorbed. If the oil should "repeat," a fact which I have not as yet observed, a few drops of ether added to the dose is likely to obviate that difficulty. The dose is from one to six teaspoonsful. My conclusions are:

1. Cod liver oil is a food, important because of its peculiar properties.

2. Since it is a food, no extractive can represent its value.

3. The purer the oil—the more free from cadaveric alkaloids—the more palatable will it be and the better adapted for its purpose.

4. The best that can be said of the cadaveric alkaloids is that they may possibly represent its eliminative; they certainly do not represent its reconstructive properties.

5. It is not proven that the administration of appreciable quantities of the cadaveric alkaloids is devoid of danger.

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Antitoxin in Diphtheria.—Dr. Adolf Bagnisky of Berlin reports in the New York *Medical Record* the results of his work with antitoxin in diphtheria as follows:

From March 14, until July 25, 163 cases of diphtheria were treated, including numerous malignant cases. Of this number only 23 died, so that the mortality was 14.37 per cent. This excellent percentage has never yet been equalled with our best form of treatment even in the mildest epidemics. Among the fatal cases there were several tuberculous children, and several whose genuine diphtheria was complicated with scarlet fever, so that the mortality of uncomplicated cases of diphtheria will be much less. It is difficult to say if a nephritis would have appeared as well without as with the injections. The course of nephritis in the cases treated with antitoxin were exactly the same as otherwise.

* * *

Th. Balade (*British Medical Journal*) has in two cases made very violent hysterical attacks cease by traction on the tongue, the organ being drawn with some force out of the mouth, and kept in that position for some minutes.

A REVIEW OF THE NEWER SYNTHETIC REMEDIES. THEIR CHEMISTRY, PHARMACY AND THERAPY.

PART II.

By Oswald L. Schreiner, Ph. G.,
Baltimore.

SINCE writing the article on antipyrine which appeared in a previous issue of this JOURNAL (September 22), M. F. Schaak (*American Journal of Pharmacy*, 1894, LXVI (p. 332), published a colorimetric method for determining antipyrine, by taking advantage of the reaction between it and an acidified solution of sodium nitrite. It is necessary that the solution of antipyrine be dilute, so as to prevent precipitation. A bluish-green color, still perceptible in dilutions of 1:20,000, is the result of the reaction.

"A standard solution," says the author, "that will not turn yellow or fade in from twelve to twenty-four hours, can be made by dissolving 0.02 gram of antipyrine in 25 c.c. of water, adding 1.6 c.c. of 1 per cent. sulphuric acid and 0.8 c.c. of 1 per cent. solution of sodium nitrite and then diluting to 100 c.c. When preparing a solution of an unknown amount, for comparison with the standard, a few preliminary trials must be made to determine the amount of reagents required to fully develop the color, and not be in such excess as to produce a yellowish tinge in the time required. To avoid precipitation the solution must not be more concentrated than 1 in 500. When thus prepared the solution can be diluted until the color corresponds exactly with that of the standard. A little calculation will then show the amount of antipyrine present. Tubes or beakers of white glass placed upon a white surface are convenient for the color comparisons. Since the reagents employed do not react with other substances except pyrazolon compounds, which are not of frequent occurrence, and as antipyrine is readily extracted from mixtures by the use of chloroform, this method admits of wide application.

Phenacetine—Synonyms. Acetphenetidin, Acetylphenetidin, Phenetidin, Phenedin, Oxyethanilid, Para-oxyethyl-acetanilid, Oxyethyl-phenyl-acetamide, Para-acet-phenetidin, Acet-para-phenetidin, Para-amidophenol.

Phenacetine is derived from phenol (carbolic acid) by a number of chemical changes. Phenol is converted into mono-nitrophenol by nitric acid; this is then treated with reducing agents, when the oxygen of the nitro radical is replaced by hydrogen, amido-phenol being formed. The amido-phenol is then converted into the ethyl ether, *i. e.*, the hydrogen atom of the hydroxyl (O H) is replaced by the ethyl radical (C_2H_5), the compound thus formed being known as phenetidin. When para-phenetidin is treated with glacial acetic acid, one atom of amido-hydrogen is replaced by acetyl ($C_2 H_3 O$), the radical of acetic acid, para-acetphenetidin or phenacetine being produced.

The reader will understand the series of chemical changes above described by glancing at the constitutional formulas of the compounds mentioned. They are as follows:

PHENOL. $C_6H_4\begin{matrix}—H\\—OH\end{matrix}$

MONO-NITRO-PHENOL. $C_6H_4\begin{matrix}—NO_2\\—OH\end{matrix}$

P.-AMIDO-PHENOL. $C_6H_4\begin{matrix}—NH_2\ (1)\\—OH\ (2)\end{matrix}$

P.-PHENETIDIN. $C_6H_4\begin{matrix}—NH_2\ (1)\\—O.C_2H_5\ (4)\end{matrix}$

P.-ACETPHENITIDIN OR PHENACETINE. $C_6H_4\begin{matrix}—N.\ H.\ C_2H_3O\ (1)\\—O.\ C_2H_5\ (4)\end{matrix}$

Phenacetine is a white, tasteless and odorless powder, almost insoluble in cold water, more so in hot water or glycerine, readily soluble in alcohol. It fuses at 134.5° C. (274°F.). The British Pharmacopeia gives the follow-

ing tests for its identity and purity: "Heated with free access of air it burns, leaving no residue. Sulphuric acid dissolves it without color. One grain boiled with twenty minims of hydrochloric acid for about half a minute yields a liquid which, diluted with ten times its volume of water, cooled and filtered, assumes a deep, red coloration on the addition of solution of chromic acid" (difference from *exalgin* and *acetanilid*). "A cold saturated aqueous solution should not become turbid on the addition of bromine water" (absence of *phenol* and *acetanilid*). "A mixture of five grains of phenacetine with two fluid drachms of solution of potash, boiled, should yield no unpleasant odor when again boiled after the addition of five drops of chloroform" (absence of *acetanilid*, which, if present, will give rise to the very disagreeable odor of phenyl isocyanide). By means of this test the fraudulent admixture of acetanilid in phenacetine may be detected.

Phenacetine (Autenrieth and Hinsberg), when boiled with ten to twelve per cent. nitric acid is converted into an intensely yellow nitro-derivative which crystallizes in orange, red or yellow needles. This reaction distinguishes it from antipyrine or acetanilid, which when treated with ten to twelve per cent. nitric acid fail to give such an intense color. The nitric acid should not be stronger than mentioned, as it would then give a red color with antipyrine and a yellowish-red with acetanilid.

Phenacetine, unlike antipyrine, has but few incompatibilities. Its most important incompatibility is its mixture with quinine—a slight effervescence takes place when water is added. The nature of this evolved gas has not yet been investigated; but that decomposition does take place between the substances is shown by the medico-legal investigations of Sestini and Campani (*L'Orosi* and *Chemical News*). These investigators found that the fluorescence of the cinchona alkaloids in acid solution was concealed by the presence of phenacetine. Furthermore, a mixture of quinine and phenacetine when treated with chlorine water and ammonia are colored light blue, while phenacetine alone is colored yellow and quinine an emerald green by the same reagents. These reactions show that some change must have taken place between the phenacetine and quinine, yet no untoward results have been reported from this quite common combination.

In the manufacture of phenacetine, as before stated, it becomes necessary to produce para-phenitidin—a very poisonous substance having an extremely detrimental action on the kidneys and which sometimes occurs as an impurity in the commercial article. The United States Dispensatory gives the following test for its detection: "It is easily discovered by placing a small quantity of chloral hydrate in a test tube, melting at the heat of boiling water and then adding one-fifth of phenacetine to it. If it be pure, the mixture will remain colorless, forming a diffused mass. If it be impure (containing para-phenetidin) it will become of a purple color passing from red into blue within a very short time—a half minute."

Phenacetine, at present the most important and successful rival of antipyrine, is continually gaining in favor with the most eminent physicians of this country and abroad. Its chief advantage over others lies in its innocuousness, which is believed to be due to the presence of the oxyethyl groups in its constitution. It has greatly superseded antipyrine and antifebrine, and has fully justified its high reputation as the safest and best antipyretic and analgesic as yet presented to medical science. It is inodorous, tasteless and innocuous and does not interfere with the digestive, respiratory and circulatory systems.

Overdoses have in a few cases caused convulsions with severe pain in the cardiac region, a profuse perspiration covering the body, feeble, hardly perceptible pulse, deathly pallor, reduced respiration with failure of the power of speech. The antidote to be given in such cases, it is reported, should consist in inhalations of nitrite of amyl and the necessary antidotes or stimulants to combat the depressing action on the heart. These untoward results are, however, seldom

noticed—medical literature is unusually free from the report of such cases, most writers, in fact, recognizing its superiority over the other members of its class. Its antipyretic action is more gradual and more prolonged than that of antipyrine or antifebrine, and is not so liable to be accompanied by the disagreeable symptoms, often brought about by the others. Phenacetine acts directly upon the thermo-genetic centers, thus producing a direct decrease in heat production, and in small doses seems to have no effect upon the circulation. Toxic doses produce cardiac paralysis and therefore a fall of blood pressure; whilst large therapeutic doses produce an increase in arterial pressure. The decline in temperature begins in about thirty to forty-five minutes after the administration of the drug, and reaches the lowest point in about three to four hours. The usual fall of temperature is from 2° to 4° F., and sometimes more—normal being frequently noticed. It may then be kept down by continued doses of from five to seven grains every two to three hours, until five doses (25 to 35 grains) have been taken.

There is always some perspiration, but never any serious symptoms, no collapse, no cyanosis, no chill, not even during the fall of temperature, nor its subsequent rise. As an analgesic it stands unexcelled, and has fully justified its acquired high reputation in nervous diseases and nerve storms in general; even the most severe have succumbed to its action. Either alone or in combination with caffeine or extract of gelsemium, it is exceedingly useful in neuralgias, migraine, ataxic pain, etc. It has already proven its favorable action in spasmodic diseases such as whooping-cough, asthma, hysteria, etc., due to its especial action on the spinal cord. In la grippe or influenza it acts almost as a specific.

The diseases in which this remedy has been employed with more or less success can be no more than mentioned here. The following are the most important. It has been used with success in all forms and stages of fever, typhoid, malarial, scarlet, bilious, etc. In rheumatism, sciatica and lumbago. In hemicrania, intercostal and occipital neuralgias; in tetanus, epilepsy, septic endocarditis, and neurasthenia. In organic affections of the heart, cardialgia, gastralgia, dysmenorrhea; in cancer of the stomach and pains in the pelvic organs. In headaches of uterine diseases. In cephalalgia and migraine; in phthisis, whooping-cough, croupous pneumonia, pleurisy, etc., etc.

As an antipyretic it is best administered in doses of from seven to ten grains, repeated every two, three or four hours; but as an analgesic it is more efficacious when given in single larger doses of from ten to fifteen grains. It is also more prompt when given in powders or in suspension in flavored syrup than when it is given in capsules or pills, especially if the latter be coated with gelatine or sugar. The phenacetine must be absorbed in order to produce the desired effect, and when given in powders, all of the drug is subjected to the solvent action of the fluids at once, whilst in pills only a limited surface—the outside—can be acted upon at a time, and solution is therefore greatly retarded and the effect of the remedy delayed.

Saline Fluid Subcutaneously in Collapse.—Dr. Harold Williams reports in the *Boston Medical and Surgical Journal* a case of recovery from profound collapse in cholera morbus by the subcutaneous injection of saline fluid. The case had the usual history. Everything else failing, it was decided to try the salt solution subcutaneously.

For this purpose a reversed aspirator was used and a quart of the solution, containing fifteen grains sodii bicarbonatis and half a drachm of sodii chloridi at 105°, was slowly injected beneath the skin of the abdomen. The injection of this fluid was followed by immediate improvement. The radial pulse became distinctly evident; the respirations became more rapid and full; the surface of the body warmer. From this time there was progressive improvement and the patient recovered.

ICE-COLD APPLICATIONS IN ACUTE PNEUMONIA.

Read before the Philadelphia County Medical Society, September 26, 1894.

By Thomas J. Mays, A. M., M. D.,
Professor of Diseases of the Chest in the Philadelphia Polyclinic.

While cold applications in the treatment of pneumonia are by no means a new procedure, I am of the opinion that this has not yet received the consideration and extensive introduction which it merits, and in saying what I have to say to-night I trust that I am loyal to that spirit which prompts one to conservatism in the commendation of any curative measure until it has stood the test of experience. When, however, one has observed the magic changes which follow in the pneumonic condition under the beneficent influence of cold locally applied, as has been done by others as well as by myself on numerous occasions, I feel that this method has passed the experimental stage of clinical medicine, and I therefore hope that you will pardon me for appearing obtrusive when I again direct your attention to this subject.

Cold has been employed in the treatment of pneumonia for various purposes and in various ways. Jürgensen believes that the chief danger in this disease arises from the high fever, and which finally leads to cardiac failure. He appeals to the experiments of Zenker and others to show that high fever is detrimental to the fibers of the heart-muscle and to those of the voluntary muscles. He, therefore, recommends cold principally with a view of reducing the pyrexia. It is a question, however, whether a high temperature of itself is more fatal in pneumonia than a low one; but this is a point which will be referred to later. So far as I know Niemeyer was the first to apply cold immediately to the chest for the purpose of reducing the activity of the local inflammatory process in the lungs.

It must be seen that these different views govern the practitioner in the mode of applying this remedy. If he believes in the constitutional nature of the disease, and especially if he thinks that the high fever endangers the integrity of the heart-muscle, his principal aim is to reduce the fever at large, and to accomplish this he immerses his patient periodically in a cold bath, which is done by Jürgensen and others. If he holds that the local trouble in the lung is responsible for the high fever, and that this constitutes the vulnerable point in the disease, he will pay less attention to the general condition and make his cold applications directly over the inflamed lung.

I believe that much of the ill-success which has followed the use of cold in pneumonia is attributable to the fact that it was employed according to the first method. The pyrexia of pneumonia is not the same as that of typhoid fever or at least it does not yield to cold in the same way as that of the latter does. The former is best subdued by cold being applied directly over the affected lung as well as to the head, and general baths or spongings do not seem to be essentially indicated, and if the latter are applied they do not keep the fever down for any long period. If the fever and a great deal of the constitutional disturbance of pneumonia depends on the inflammatory process in the lung, then an abatement of the pulmonary disorder will strike at the very root of the difficulty, and it is clear too that the measure which accomplishes this must be applied continuously and persistently and not like in typhoid fever, at stated intervals. Moreover it is a hazardous procedure to subject a pneumonic patient to the bodily changes and cardiac strain which are incidental to the giving of a general bath. It must be remembered that the heart is always implicated in pneumonia, and is therefore a weak and easily assailed organ.

How then is the cold to be applied, and how long must it be continued?

The affected area must be surrounded with ice in bags which are wrapped in towels. If the disease is confined to the front base on one side, one good-sized bag will suffice ; but if the exudation extends to the side and back, then at least one more bag must be applied laterally and as far back as possible. If the affection is extensive put on as many ice-bags as are necessary to cover the whole area. Watch the morbid process, for it is very apt to migrate from one spot in the chest to another, and if it does so follow it up with the ice-bag.

The length of time for which cold is to be used must in most cases be decided by the amount of fever which is present. If this falls to or near the normal point and shows a tendency to remain there then the ice may be gradually removed. It is best, however, not to be in too much haste in withdrawing the cold, for frequently before this is off very long the temperature suddenly flies up again. If this takes place, and the temperature remains high after the ice is reapplied for some time, it is a possible indication that the inflammation has invaded a new field, and is not active in the old one. This has happened several times in my experience.

It must always be borne in mind, however, that the ice is not solely employed for the purpose of reducing the fever, but rather with the object of circumventing the exudative process and of hastening resolution in the affected part. There may be very little fever present in some cases of pneumonia, as in the aged, yet the destructive changes are going on in the lungs at a rapid rate. In senile and latent pneumonia the activity with which the ice is employed must be governed entirely by the impression which is made on the pulmonary disintegration. This must be the objective point and not the temperature.

This brings me to say something on the fever in pneumonia as a prognostic sign. Although a temperature of 105° Fahr. is generally regarded more dangerous in the adult than one of 102°, I really believe that this is an error. When the fever is excessive, as when it rises to 107° or 108°, every one admits that this is almost necessarily fatal; but it must also be granted that a markedly low pneumonic temperature, as for example 95° or 96°, is equally fatal. The safety point, if such there be, lies somewhere between these extremes; and within a certain range I think we can look upon this fever as an indication of the degree of vital resistance which is present in the body. If it remains between 104° or 105°, the prognosis is good, provided other conditions are equal; but if it is either very high or very low it is evidence of serious exhaustion and of vital inadequacy to cope with the destructive forces.

This opinion is partly confirmed by the high authority of Dr. Wilson Fox, when he says, on page 352 (*Diseases of the Lungs and Pleura*), that "the extent of the pyrexia has a less unfavorable influence on the prognosis than might be expected." Out of a total of 353 cases he shows, on the same page, that the mortality from 107° to 110° was 100 per cent.; from 106° to 107°, 42.8 per cent.; from 105° to 106°, 18 per cent.; from 104° to 105°, 7.4 per cent.; from 103° to 104°, 17.6 per cent.; and under 103°, 36.9 per cent.

What, now, is the local action of cold on the pneumonic process ? This, I believe, consists in its powerful influence on the pulmonary capillaries and in its ability to resolve the exudate and infiltrate. It is well-known that the most apparent lesion in acute pneumonia is an enormous distention of the pulmonary capillaries, with partial or complete stasis of the blood in these vessels, exudation of fluid constituents of the blood, and proliferation and accumulation of epithelial cells, and diapedesis of white and red blood-cells in the alveoli and bronchioles. Now it is well-known that cold has the power of contracting blood-vessels, and from this action it can be understood why it should be of benefit in pneumonia. But how it can dissolve an exudate or an infiltration is not so clear to me. That it accomplishes this I am firmly convinced. For example, there is a pneumonic area which is wholly devoid of vesicular sounds, and has a flat percussion note and bronchial

breathing, indicating beyond doubt that the process has passed beyond the stage of engorgement and into that of exudation or of infiltration, yet the application of ice to this spot will in a remarkably short time develop a new group of physical signs, such as crepitation, reappearance of the vesicular murmur, diminution of flatness, etc. This has not only been observed by myself over and over again, but is also dwelt on by Dr. Lees, who had an extensive experience in the use of ice in this disease, when he says (*Lancet*, November 9, 1889, page 894): "In many cases I noticed a striking arrest in the development of the physical signs," and that the ice-bag "distinctly tends to repress the inflammatory process in the lung."

Is the ice treatment applicable in croupous or in acute catarrhal pneumonia, or in both forms of the disease? In my earlier experience I inclined to believe that it was only adapted to the treatment of the croupous variety, but further familiarity with the measure taught me its use in the acute catarrhal form. I have also given it a trial in chronic broncho-pneumonia, and in pulmonary phthisis, but with rather indifferent results, if not with positive harm in some cases. I must admit, however, that in several cases of this kind it seemed to do exceedingly well. It must be borne in mind, too, that the ice-bag is strongly recommended by the late Dr. Brehmer and by Dr. Detweiler and others in the treatment of chronic lung trouble, and with such excellent testimony in its favor it is very probable that many of us do not yet understand the specific indications for its use.

Besides being useful in croupous pneumonia and in acute catarrhal pneumonia, it also has excellent effects in the capillary bronchitis of infants, and in the catarrhal pneumonia which follows measles, diphtheria and scarlet-fever.

It is also desirable in this connection to say something regarding the heart in this disease. From the tenor of much that is said and written on pneumonia at the present time, one receives the impression that more is to be feared from cardiac than from pulmonary failure. That the heart's function is impaired no one will, I think, deny. Indeed, this could not be otherwise, for the heart and lungs have a common nerve supply, are bound closely together by the pulmonary blood-current, and whatever invalidates one must also affect the other; but I believe that the doctrine that pneumonia becomes fatal because the heart is unequal to the work of forcing the blood through the engorged lungs, and all that we are required to do is to stimulate and to goad this organ, unmindful of what is going on in the lungs, is as imaginary in its conception as it is fatal in its practice. The pulmonary circulation is undoubtedly obstructed, and there is no question but that the heart chafes, frets, and becomes seriously embarrassed. Dr. Wilson Fox (op. cit., p. 285) says that "one of the most important consequences of pneumonia on the circulation is the occasional occurrence of thrombosis in the pulmonary vessels leading to the affected part. This event, caused in all probability by the retarded circulation in the lung, is not uncommon and may, extending to the larger branches of the pulmonary artery, be a source of immediate danger from sudden death, and may also, in great probability, retard the process of resolution and the subsequent convalescence." But is this any reason why we should whip up this organ in the hope that it may perform an impossible task, and stand by and do nothing to alleviate the blockade in front? Is this sound sense or physiological reasoning? No. We must discard this cart-before-the-horse theory, and make strenuous efforts to remove the difficulty in the lung, and in this way liberate the heart from its entangled situation. To accomplish this very end there is no measure more efficacious than ice, and besides removing the engorgment and even the exudation in the affected lung, it also acts as a powerful stimulant to the heart's function. Indeed, it is chiefly for its serviceable influence on the heart that the ice-bag is recommended in chronic lung diseases by Dr. Brehmer and others.

In conclusion, I beg to say that the

external application of cold in typhoid fever has reduced the death-rate from this disease to almost nothing, and I am sure it is not too much to presume that the same remedy, although differently applied, will do the same in the case of pneumonia. My opinion is based on what I have seen in my own practice and in that of others. In my collective report of fifty cases from various sources (see *Medical News*, June 24, 1893) there were two deaths. Since the publication of this list I received abstracts of seventeen other cases treated by Dr. Jackson of Brockville, Ontario, together with seven cases collected by myself, without a death, neither the histories of which, nor those of Dr. Jackson, had I time to write out since receiving the kind invitation from your board of directors to prepare a paper for this evening—making in all seventy-four cases of pneumonia treated with cold applications, and two deaths ; or a death-rate of 2.70 per cent.

Now the death-rate from pneumonia, when treated according to the current methods, is variously estimated from 20 to 30 per cent., hence the results from cold-water treatment are at least ten times better than those which are obtained by other methods.*

*In addition to the ice, most of the patients received quinine, acetate of ammonia mixture, digitalis, morphine occasionally, a nutritious diet, etc.

Pott's Disease in Children.—Pott's disease in children is so often recognized so late in its course that all hope for improvement is futile. The early symptoms and signs which should always be looked for are laid down by Dr. Dillon Brown in the *Archives of Pediatrics* in the following list of different points :

1. The pain, general disability and sickness are out of proportion to the apparent amount of spinal disease.

2. The onset is alarming and the progress of the disease is more rapid than in tubercular caries—the paralysis being an early symptom and the deformity appearing even in a few weeks after the beginning of the symptoms.

3. The local pain is intense; and the peripheral pains, the deformity, the extreme spinal disability and the paralysis, including incontinence of urine and feces, rapidly grow worse in spite of rest in bed and instrumental support.

4. Secondary disease soon appears, rapid emaciation and marked cachexia are seen, and the patient does not live more than six or eight months.

Whether a vertebral caries is due to syphilis or to tuberculosis is of immense importance as regards prognosis and treatment. In both diseases the symptoms are almost identical, and the diagnosis must be based upon the history, the presence or absence of other evidences of syphilis, and the result of treatment. In tuberculosis there is more likely to be an evening rise in temperature, and the pus and debris may contain tubercle bacilli. Syphilis is suggested by nocturnal pains, and the involvement with chronic disease of some other joint or joints or some other part of the spine.

* * *

How Invalids Should Travel.—Dr. Edward Ruxton of Southern California asks, in the *Southern California Practitioner*, how invalids should travel to this part of the country. Southern California being the Mecca for consumptives, Dr. Ruxton had seen many cases arriving in an exhausted condition from the east and many dying on the way or immediately after arrival, from fatigue of the trip. He thinks consumptive patients are with benefit sent to a warm, equable climate, but he is of the opinion that eastern physicians should tell their patients how to make the long trip in safety and he gives the following good advice :

Come the route that has the least change of altitude.

Come in easy stages, the journey occupying weeks or months.

Come to that particular locality that seems best suited to the individual case; one county may and does have within its confines every variety of climate.

Come determined to get well, not relying upon climate solely, but using all appropriate means.

And having come and got better, let well enough alone, and stay.

SOCIETY REPORTS.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

STATED MEETING HELD SEPTEMBER 26, 1894.

Dr. Thomas J. Mays read a paper on ICE COLD APPLICATIONS IN ACUTE RHEUMATISM. (See page 8.)

Dr. Alfred Stengel: I disagree entirely from Dr. Mays as regards the heart in pneumonia. I have seen a considerable deal of pneumonia clinically, but a great deal more pathologically. I have not made a post-mortem in pneumonia in which I did not find some cardiac thrombosis. I have seen the thrombosis of such a character that it was difficult to imagine how any circulation could be carried on during the last moments of life. Of course, in some cases it is difficult to determine whether the thrombi are ante-mortem or post-mortem, but in most cases the manifestly ante-mortem character of the thrombi shows that the heart must have been seriously embarrassed. It is certainly the opinion of most authorities that the heart is seriously embarrassed, and post-mortem experiences would indicate the same thing.

Dr. J. M. Anders: I was somewhat astonished to hear the reader of the paper take the position that the fever in pneumonia was in all probability the result of the localized inflammation. The localized inflammation may, to some extent, show the degree of infection, but its presence does not prove that this is not an infectious disease. I should incline to the view that the temperature is an indication of the severity of the type of infection, and not of the severity of the local inflammation.

I am always glad to hear a paper on the use of cold. Cold, whether locally or generally applied, can have but one effect in this disease, and that favorable. If applied locally, as suggested, it would undoubtedly mitigate to some extent the local inflammation, but it could not in an acute infectious disease control to any extent the course of the ailment. I do not believe that there is anything that will entirely control the course and symptoms of pneumonia, simply because it is an acute, infectious, self-limited disease. The local use of cold cannot meet all the indications in a case of pneumonia. It is well enough in a mild case, where the respiration is ordinarily good, the temperature only moderately high, and there are no nervous symptoms, but in a severe case the cold or tepid bath meets many more indications and is more efficacious. One of the reasons for the bad respiration is the presence of pain, hence this should be gotten rid of early. The local application of cold does not influence the respiration of a patient suffering with pneumonia, in my experience; whereas the cool or tepid bath stimulates to deeper respiration and assists expectoration. Its effect on the nervous system cannot be over-estimated. I shall not go into the subject in detail. It is scarcely necessary; but it is bad practice, I think, to rely upon the local use of cold, which meets but a single indication, when we have at hand the cool or tepid bath, which meets so many and such as are of vastly more importance than the mere combating of local inflammation to the welfare of the patient.

Dr. B. F. Stahl: I am interested in the use of cold in the treatment of pneumonia, and especially so after considerable experience with application of baths in the treatment of typhoid during the past few months. I recognize that the general application of cold or cool water is productive of rest and of better respiration and it has a general tranquilizing influence by its reduction of temperature. I am led to anticipate that its application in pneumonia will be advantageous. I freely admit, however, that I have had no direct experience in the use of local application of cold in pneumonia. I am ready to try it in any case where it may be applied generally or in the form of a bath, and I believe that we may expect decided advantages from its use.

Dr. Lawrence Wolff: I have had some experience with the use of cold in pneumonia. A couple of years ago I employed the cold bath in the treatment

of pneumonia in my hospital cases, but the results were not as favorable as with other methods. I have used the local application of cold with more advantage. Dr. Da Costa taught many years ago that the ice poultice was one of the best applications, and relieved pain better and stimulated respiration perhaps better than any other application. It has been productive of great good in my hands.

Dr. John Aulde: My object in speaking is rather to make a suggestion to the reader of the paper in order to establish some physiological basis which may be of further value as indicating the effect which cold applications produce in pneumonia. The empirical deduction as to the value of ice in pneumonia seems to be fairly well founded, and would have been accepted ten or five years ago as very good evidence, but at the present time it seems to me that something more is demanded. It is hardly worth while nowadays to speak of "vital force," because we can go closer to life than that term would indicate.

The use of the cold bath in typhoid fever has been referred to and its virtues highly lauded. If the cold bath is useful in typhoid fever we should be able to make some observations which would give us some exact idea of the effect which it produces. It would surprise you if I were to prohesy that within two or three years some one would come before this Society and advocate the use of massage in the treatment of pneumonia. It is only a few months since that a paper was published by Dr. Mitchell, of this city, referring to the wonderful effect of massage in anemia, showing that it increased the number of red and white corpuscles.

In pneumonia we have rather a peculiar condition, different from that seen in typhoid fever. Dr. Osler has made some observations on the changes in the blood in this disease. He found that shortly after the leucocytes began to increase in number there was a defervescence and a favorable change took place. If the number of leucocytes is large, that is, if a general leucocytosis takes place, he is able to say that the patient will recover, even if the temperature has not changed. In typhoid fever there is no leucocytosis, but it seems probable that in typhoid fever the cold bath is sufficient to produce an artificial leucocytosis. Consequently, if the cold bath is valuable in that disease it seems probable that it may produce the same effect in pneumonia, where there is a natural tendency to leucocytosis.

I would suggest that the blood be examined in cases where ice is applied. If it can be shown that the effect of cold is to increase the number of leucocytes we shall have a definite basis on which to rest our conclusions.

The President, *Dr. De Forest Willard:* I would ask Dr. Aulde if Dr. Mitchell did not subsequently explain the increase in the number of corpuscles found, not by an actual increase in the number of blood-disks, but by the fact that corpuscles lurking along the circumference of the vessels were brought into the current by the massage, just as the logs along the banks of a lumbering stream may be forced into the current?

Dr. Aulde: Of course, we are not assuming that there is an increase in the number of corpuscles *de novo*. If those out of the current are brought into the stream by the contraction of the vessels it is substantially the same thing. This brings out the leucocytes that are instrumental in maintaining the antiseptic condition of the blood, and with the contraction of the bloodvessels, produced by the cold, the red corpuscles carry oxygen to the tissues and take away carbonic acid and other waste products.

Dr. Mays: Dr. Aulde seems to lay great stress on the fact that leucocytes are present in pneumonia. Leucocytosis is present in many conditions, both normal and pathological. Every time you take a drink of beer or eat a beefsteak, or take bitters, leucocytogenesis is increased. I do not think that the fact that the number of leucocytes is increased is of any great advantage in the successful treatment of pneumonia.

Dr. Stengel referred to the presence of thrombi in the pulmonary blood-vessels of pneumonia, and I think I must have read my paper to poor advantage if I have not succeeded in making plain

my belief in the existence of this condition. Indeed, I invoke the high authority of Dr. Fox to show this. I think my intention has been misconceived by Dr. Stengel. The point that I tried to make clear was that this thrombosis leads many practitioners to try to whip up the heart to perform the impossible task of pumping blood through this thrombotic condition of the vessels in the lungs. They lose sight of the fact that the foundation of this thrombosis exists primarily in the lungs. They do not pay any attention to its removal in their treatment. The patient dies, and they believe that he dies because the heart has failed to perform its duty, while in truth death is caused by pulmonary failure.

I know that Dr. Anders has made use of cold, and I think that his results were rather favorable. He speaks of the fever as an indication of the extent of the infection. If by infection he means the amount of disease in the lung, I can hardly indorse the statement. I have in some of my cases seen high fever where there was small amount of infiltration. In one case particularly, seen three years ago, the amount of infiltration at the base of one lung was so slight as to be detected with difficulty, yet that patient had a temperature of 106° and 106.5°, and died in eight days. I did not apply ice in that case, for I did not then know its great value. I wish that I had, for I believe I would have saved the life of a dear friend. I infer from what Dr. Anders has said that he has not applied ice assiduously and persistently, for had he done so I think that he would not have said that he could not control the respiration in pneumonia by the application of cold. I expect in every case where ice is applied to have the temperature fall, the pulse fall, and the respirations fall. I do not think that the use of tepid or even cold baths are of service in pneumonia. The fever in pneumonia is diffent from that in typhoid fever. It does not yield to general cold as does the fever in typhoid. I think that if the prejudice against the application of ice would be removed this treatment would be more thoroughly tried. I think that it will be found to be the most applicable and most efficacious treatment for pneumonia. This has not only been my experience, but also that of others. It has been almost universally successful; in seventy-four cases there having been only two deaths. I do not say that this proportion will be maintained, but the treatment certainly has a great influence upon the local process in the lung. It circumscribes and aborts the exudation in the lung, and this is as much as can be expected from any measure.

MEDICAL PROGRESS.

RACHITIC DEFORMITIES. — Crooked bones in young rachitic children need careful attention, and if these defects, which usually occur in the lower extremities, cannot be straightened by mechanical appliances or manual immediate rectification, then more rigorous methods should be used. Dr. DeForest Willard uses osteotomy or osteoclasis when other means fail. His conclusions in the *Archives of Pediatrics* are:

1. Simple out-bowing of the legs before the bones are solidified is easily corrected by pressure from a properly applied apparatus. Long out-bowing accompanied by out-knee can also be overcome by mechanical measures.

2. Forcible strengthening over a solid fulcrum is often desirable, even if simple or green stick fracture is produced, in a few cases where the parents cannot, or will not, attend to the adjustment of apparatus.

3. Osteotomy is sometimes required in extreme cases of out-bowing in large children and in adults.

4. In anterior curvature it is rarely advisable to employ apparatus. Manual fracture over a hard fulcrum, or osteoclasis, or preferably osteotomy, is advisable. Cuneiform osteotomy is seldom necessary, except in extreme cases, as even a wide intervening gap can be filled up by callus, and the simple operation is less liable to be followed by suppuration.

5. For out-knee or in-knee osteoclasis is not desirable, but osteotomy above the condyle of the femur is safe, effect-

ive and speedy. A secondary operation below the tibial tubercle is rarely required.

6. Curvature of the femur, unless greatly interfering with locomotion, does not require operation.

* * *

Conservative Surgery of the Uterine Appendages. — Woman is said to be better off mentally and physically with the functions of menstruation and ovulation than without them. In regard to removing ovaries and tubes Dr. J. M. Baldy, in drawing conclusions in the *Philadelphia Polyclinic* from twelve cases, says:

1. The vast majority of Fallopian tubes, whose canals have been closed by pelvic inflammation, have been rendered useless for all time to come.

2. There is no way in which we can with any certainty distinguish those few cases in which the tube might again be rendered patulous, and in experimenting in this direction, practice has clearly demonstrated that infinite harm may be done as against the little good.

3. It is always well to save healthy ovarian tissue for the sake of the continuance of menstruation and ovulation where this can safely be accomplished.

4. Uncomplicated small hematomata and hydrops folliculi do not, as a rule, give rise to distressing symptoms.

5. It is extremely probable that in the case of the vast majority of uncomplicated ovarian diseases upon which so-called conservative surgery has been used, the relief of symptoms has arisen not from the surgery, but from the enforced rest in bed, proper feeding, nursing, and removal from care and worry; the disease being general and not local.

6. Adhesions or prolapse may not necessitate removal of the uterine appendages.

* * *

Papain for Tape-worm—Tape-worm is not very common in this country but it is extremely difficult of cure. Dr. Roberts Bartholow refers to a case in the *Medical News* in which the patient had used unsuccessfully turpentine, naphthalin, pumpkin seeds, pomegranate root, pelletierin and croton oil. He then tried papain, taking ten grains three times a day after meals. As a result he passed several segments and finally the whole worm, head and all. It was highly probable that the papain exerted a toxic action on the worm, causing it to relax its hold on the mucous membrane. Papain is a ferment contained in the juice of the carica papaya and as it is neither a poison nor an irritant, it may be used freely in such cases.

* * *

Hystero-Epilepsy Due to Ascarides.—S. N. Koneff (*British Medical Journal*) relates at length a case of severe reflex neurosis due to intestinal parasites. The patient—a peasant lad, aged 18—came under his observation with "fits," recurring with increasing frequency and severity. They had commenced in 1885, at first occurring twice or thrice a year. At the time of admission the fits occurred several times weekly, the seizures lasting from one to two and a-half minutes and mostly recurring successively twice or thrice, with intervals varying from one to two minutes. The fits consisted in exceedingly violent clonic convulsions, accompanied by loss of consciousness, insensibility of the pupil, trismus, etc. They were ushered in by globus hystericus or epigastric pain, or sometimes vomiting, and invariably made their appearance shortly after a meal. After the attacks the patient always remained in a drowsy state for one or two hours, coming round but very slowly and looking extremely weak. The administration of bromide of potash (in increasing daily doses of from 20 to 80 grains during a month) and a subsequent course of laxatives (Carlsbad salt, rhubarb, etc.) did not produce the slightest effect either on the frequency or on the severity of the fits. Ultimately, having elicited the fact that the lad had voided "a worm" five years previously, the author tried santonin (1 grain three times daily for three days), with the result that seven ascarides were expelled, after which all the symptoms described "vanished as if by magic," and never recurred up to the patient's discharge five and a-half months later.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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SEE PUBLISHERS' DEPARTMENT, PAGE 20.

BALTIMORE, OCTOBER 20, 1894.

Medical and Chirurgical Faculty.

THE Medical and Chirurgical Faculty of Maryland, as announced elsewhere in this issue, will hold its semi-annual meeting this year at Cumberland. The meetings of the State society, which are held twice a year, once in Baltimore and once in one of the counties, should be important events for the medical profession of the State. Aside from any scientific interest which this meeting may arouse, it tends to develop a social feeling among the members of the Society and the profession of the State, and as such should be attended by all who can possibly spare the time.

Membership in the State society has many advantages, not the least of which is a standing which local societies cannot give. The profession of Cumberland and vicinity will not only attend the meeting, but, as was noted in the last issue of the JOURNAL, will take an active part in the proceedings. It is earnestly hoped that all regular physicians of the State will as far as their engagements allow be in attendance on this meeting and help by their papers, their discussions and their intelligent attention to make this coming meeting a successful one.

* * *

The Medical Schools.

THE winter's work which has begun in earnest in the medical schools shows that while many have decided to enter a profession which is already overcrowded they will be provided with better facilities than those already in the field. The schools have recognized the fact that the mere turning out of men with the title of doctor of medicine was not sufficient. If these men did not succeed or showed themselves to be ignorant, it was in a measure a reflection on the school that granted the diploma. This year, therefore, many of the schools have not only lengthened their course but have strengthened it and in addition to this have raised the price of tuition and have stuck to these fees.

The State boards, which in the case of Maryland met this week, are very careful to sift out such men as are not fitted to practice in the State. The consequence is that there will be in the next few years a gradual elevation of the standard of medical education in Maryland, the District of Columbia and vicinity. These advances should be, but are not always, appreciated by the general public. The more strict the examinations, the more difficult the requisites for graduation and for practicing in the State, the better will the people in the State be served and the result will be an elevation of the standard with a survival of the fittest.

* * *

Hospital and Private Practice.

SOME space has been given of late in medical journals to the discussion of the relation of the family doctor to the hospital and to treatment in private hospitals. It is becoming more and more the custom, or the fashion, it may be said, for specialists to own and control private hospitals or sanitariums, and one exchange very properly ask if it is not rather difficult for a physician to keep a hotel for the patients without having his professional ethics a little blunted. The longer a case is retained, the more board money is extracted.

It is undoubtedly true that operations can

much better be carried through to the best interests of the patient and the surgeon in a hospital where every convenience is at hand and where skilled nursing at a reasonable cost may be had. It would be better, however, if the management of such hospitals were out of the surgeon's hands entirely, so that he would have no interest in the pecuniary success of the hospital beyond his own patient. Perhaps then his own judgment would be a little freer to hold or dismiss a patient.

Most life insurance companies pay their examiners a fixed fee whether the applicant be accepted or rejected, not because they cannot trust their examiners, but because they know that it is human nature to be influenced by the possible loss or gain of money and also because the work of an examination is just as great whether a candidate be accepted or rejected.

* * *

Accentuation of the Second Sound.

In the diagnosis of cardiac disorders, great stress is laid on the abnormal murmurs which take the place of the normal sounds. This is very proper, for when a normal heart sound is replaced by an abnormal sound, there is very naturally a diagnosis made at once of insufficiency or obstruction at a certain valve, and the prognosis and treatment follow as a matter of course.

There is a class of cases, however, in which there is no murmur and yet in which there is a suspicion of grave disorder. This is when there is an accentuation of the second sound. In this case there is an increased tension in the arterial circulation which at once points to renal trouble. When the second sound of the heart is heard with great intensity at the right side of the chest and an accentuation is heard with distinctness at this point, the natural inference is that there is some renal affection.

This is not without just suspicion, for it is a clinical fact that in early disorders of the kidney in which the blood-vessels of that organ are cut off, the arterial tension is increased and the kidneys are at once suspected. The urine should be at once examined and even if no abnormal constituents be discovered, a low specific gravity shows that the waste products of the body are not sufficiently rapidly eliminated. This has been looked upon by some as a pre-albuminuric stage. In such cases flushing of the kidneys is the proper treatment. If ordinary water is not taken in sufficient amount, it should be prescribed, and also such natural mineral waters as produce a stimulation of the urinary secretion. Active exercise, drinking such waters as have a diuretic effect and an occasional Turkish bath, tend to a cure.

In the hurry and rush after wealth which is so characteristic of the present century, such disorders too frequently arise and an examination of the heart and urine often gives a clue to the proper treatment.

* * *

Modern Therapeutics.

It is very difficult for the practicing physician to keep up with the ever-changing therapeutics of the present day. New drugs, new compounds, new methods, follow each other so rapidly that the mind is in a constant whirl of uncertainty and refuge is taken in the old friends of the pharmacopeia.

The literature distributed by progressive drug houses describing new therapeutic agents are often reliable and more often not, and feeling doubtful, the average man hesitates to use a compound the sale of which enriches the manufacturer but the use of which may have no effect on the patient. It is sometimes interesting to see how an old and well-tried agent will have successors and substitutes which can never take the place of the original one. Cod liver oil, in spite of all the improvements in manufacture and preparation, still holds its own and most men recognize the fact that it is to the oil alone that the good effects are due.

The two articles in this issue, one on cod liver oil, and one on the newer synthetic remedies, both merit attention. The coal-tar derivatives are so numerous and so mysterious that continued use and familiarity will alone show which ones are of practical value. It is hardly right to discard old friends until new ones show themselves to be superior, and in the use of drugs one should hesitate to prescribe an untried remedy until experience in reputable hands has shown its worth.

* * *

Sandow, who has developed himself from a weak and puny boy to a perfect man by careful physical culture, says he has not the natural impulse to drink because a perfect physical man has no need of stimulants.

MEDICAL ITEMS.

Dr. A. Conan Doyle, physician and novelist, is in this country.

Chicago has 22 general and 16 special hospitals, with 3409 beds.

Spring Grove Asylum is provided with a model sewerage system.

Dr. Joseph Gichner was married to Miss Pauline Ash last Thursday.

Dr. Lewis Dyer of Du Quoin, Illinois, is the oldest practicing physician in this country.

London has sixty ambulance stations for the six thousand accidents that occur on her streets each year.

By the will of the late Mr. Charles J. Baker of Baltimore, the Union Protestant Infirmary will receive $3000.

There are so far about forty new students enrolled at the Johns Hopkins Medical School; of these, ten are women.

Dr. E. E. Montgomery has resigned the position of Obstetrician to the Philadelphia Hospital, after fifteen years of service.

The bronze statue to the memory of Dr. J. Marion Sims will be unveiled today at three o'clock in Bryant Park, New York City.

The First Meeting of The American Academy of Railway Surgeons will be held in Chicago, Ill., on November 9 and 10, 1894.

Dr. Rudolph Matas will succeed the late Dr. A. B. Miles as Professor of Surgery in the Medical Department of Tulane University in New Orleans.

The Czar of Russia seems to have a variety of ailments, not the least of which is despondency or possibly remorse at the treatment of some of his subjects.

Illinois has shown a worthy example to other States by driving out all itinerant nostrum vendors which annually fleece the people out of large sums of money.

The Chicago Health Board has adopted the New York plan of supplying culture-tubes and making microscopic examinations in cases of suspected diphtheria.

The New York State Medical Association held its Eleventh Annual Meeting last week. Many paper were read and much attention was given to tuberculosis in all its aspects.

The Johns Hopkins University announces the publication of a number of physiological papers by Dr. H. Newell Martin, former professor of biology in that institution.

The American Medical Publishers' Association will meet at the Eutaw House, Baltimore, next May. The Publishers of the MARYLAND MEDICAL JOURNAL are the committee in charge.

Medical Director A. L. Gihon of the United States Marine Hospital Service represented the Navy Department at the recent meeting of the American Public Health Association, at Montreal.

About two hundred students have entered at the University of Maryland Medical School and about the same number at the College of Physicians and Surgeons, while about four hundred have already been enrolled at the Baltimore Medical College. Students are still matriculating at all the schools.

At a meeting of the Medical Journal Club held last Tuesday night, the following officers were elected: President, Dr. J. M. T. Finney; Vice-President, Dr. J. M. Hundley; Recording Secretary, Dr. J. Williams Lord; Corresponding Secretary, Dr. J. Whitridge Williams; Executive Committee, Drs. Herbert Harlan, L. E. Neale and J. Whitridge Williams.

The Semi-Annual Meeting of the Medical and Chirurgical Faculty of Maryland will be held in Cumberland on the third Tuesday and Wednesday of November (20 and 21). Members who desire to read papers, or present cases at this meeting, are requested to send the titles of the same as soon as possible to Dr. T. A. Ashby, 1125 Madison Avenue, Baltimore, Chairman of the Committee of Arrangements, that they may appear on the programme.

St. Agnes' Hospital has large wards for pay patients, also many free beds for the deserving poor, a hundred private rooms and the following staff of physicians:

Attending Physicians, Dr. Wm. F. Lockwood, Dr. H. C. Ohle, Dr. W. D. Booker. Attending Surgeon, Dr. J. Holmes Smith. Gynecologist, Dr. L. Ernest Neale. Ophthalmologist, Dr. Hiram Woods. Consulting Physicians, Dr. F. E. Chatard, Dr. S. C. Chew. Consulting Surgeons, Dr. Alan P. Smith, Dr. L. McL. Tiffany. Resident Physician, Dr. F. E. Brown.

BOOK REVIEWS.

A TEXT-BOOK OF PRACTICAL THERAPEUTICS; with Especial Reference to the Application of Remedial Measures to Disease and their Employment upon a Rational Basis. By Hobart Amory Hare, M. D., B. Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, etc. Fourth edition, enlarged and thoroughly revised. Philadelphia: Lea Brothers & Co., 1894. Pp. 11–17 to 740.

A book that runs through one edition a year at once proves its popularity and merit. In the fourth edition of this work not only has a complete revision been made but the newest remedies receive the consideration which they deserve. In addition to this the use of the mineral springs and the selection of a proper climate are fully discussed. The treatment of individual diseases has been inserted and the work has been reviewed to conform to the new United States Pharmacopeia. This book is justly called a practical work, for it is replete with suggestions to the practicing physician and is also a great help to the student.

SYLLABUS OF LECTURES ON HUMAN EMBRYOLOGY: An Introduction to the Study of Obstetrics and Gynecology. For Medical Students and Practitioners. With a Glossary of Embryological Terms. By Walter Porter Manton, M. D., Professor of Clinical Gynecology and Lecturer on Obstetrics in the Detroit College of Medicine, etc. Illustrated with 70 Outline Drawings and Photo-Engravings. 12mo, Cloth, 126 pages, interleaved for adding notes and other illustrations, $1.25 net. Philadelphia: The F. A. Davis Co. 1894.

Embryology is at present a very important branch of medical study and yet one to which the average medical student pays but little attention. Dr. Manton's syllabus is only useful as an aid to those hearing lectures on this subject. The book itself is so brief and lexicon-like that beginners would likely be confused. As an aid to the lecture or a work of reference, after larger works have been studied, it will answer its purpose.

REPRINTS, ETC., RECEIVED.

Stomatitis Neurotica Chronica. By A. Jacobi, M. D. Reprint from the *Transactions of the Association of American Physicians.*

The Relation of Chemistry to Medicine. By Oswald L. Schreiner, Ph. G., Baltimore. Reprint from the *Medical and Surgical Reporter.*

CURRENT EDITORIAL COMMENT.

NEGLIGENCE.

Medical and Surgical Reporter.

THE tests of what a man knows in his professed art or science may not be those of scholastic refinement, but the tests of his practice are chiefly those of the fidelity with which he applies what he knows; the simple tests of professional and moral duty. There is no continuous duty in which one can engage without, at some time or other during its discharge, becoming liable for negligence. By its very limitations, the human mind is incapable of perfect diligence. The chief danger is that diligence may become intermittent.

THE DEATH CERTIFICATE.

The Medical Examiner.

WE have had on several occasions to examine the records of the health office, and considering the difficulties under which the officials labor the records are in excellent shape. No one except by experience can appreciate the amount of work needed to collect and arrange the various data of the office. But the officers are greatly handicapped by the faulty, incomplete and inaccurate death certificates sent them. Of course they expect poor returns from the rag-tag and bobtail medicos of quackerydom—they are often obliged to investigate such certificates; but the regular profession, we are sorry to say, are often careless in writing death certificates.

THE PHYSICIAN'S VACATION.

Medical News.

IT is growing more common for city physicians to take a summer vacation; but it is not so generally felt that the physician of the village and country should do the same. Yet none can need it more, and there are in his case especial reasons for the practice. It has long been recognized that life in the country is likely to lead to monotony and unprogressiveness. The friction of minds in the cities, and mutual ambitions and rivalries, not to say jealousies, keep mental and professional energy at a high pitch. Country physicians might, therefore, with much advantage, utilize the season of rest and change to form acquaintances and to learn by word of mouth of the work and worth of their distant colleagues.

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXII.—No. 2. BALTIMORE, OCTOBER 27, 1894. Whole No. 709

ORIGINAL ARTICLES.

A FEW PHYSICIANS PROMINENT IN MEDICAL HISTORY.

Annual Oration Before the Alumni Association of the University of Maryland, School of Medicine, Baltimore.

By James Carey Thomas, A. M., M. D.

Delivered at the University Buildings, April 18, 1894, and published by request of the Association.

(*See Table, Page 22.*)

Mr. President and Gentlemen of the Alumni Association of the University of Maryland, School of Medicine :—I suppose that it is only natural for one, who sees amongst his audience physicians younger than himself, at once to begin to forecast what will be the future of Medicine in their hands and to speculate upon the coming triumphs of research and achievement, when more of the *opprobria medicorum* shall have passed away, and things impossible today may be possible tomorrow. Be this as it may, I found myself in this mood, when I thought of the ever increasing numbers of men who share the honors of this School and others, and who reasonably may be expected to live until some of the vexed questions, whose solutions now seem just to elude our anxious enquiry, shall have been forced to give up their secrets to better equipped and more successful seekers after truth.

Not, however, feeling able to prophesy as to the future, I began to recall what had already been done in the past, and to solace myself with going over in memory the Christian centuries and recalling the names of the few of the men who have given their genius and their days to the ever present problems of disease and its cure; although the small space of time allowed me will only permit the most cursory review of their work and sometimes simply the mention of their names.

Before, however, beginning with the Christian Era, we should remember that at that period the influence of Hippocrates, as well as that of Aristotle, who lived nearly a century later than Hippocrates, was strongly felt. It was modified by the teaching of the School at Alexandria, with its enormous library, which gave physicians access to all the learning of the past that was then available in parchments and rolls, collected from far and near. Another great library also was to be found at Pontus.

Much work had been done by Aristotle in dissection and he had discovered and described the nerves not distinguished before. The Alexandrian physicians had already divided the study of medicine into that of surgery, dietetics and pharmacy, and had made advances along surgical lines; especially improving the operation for stone in the bladder. Physicians generally had, however, very soon abandoned the safe route of observation under the lead of the school of the Empyrics, fostered by the sceptical philosophy of Pyrrho, which doubted everything, especially the results of the past. The Empyrics had nevertheless benefited the pursuit of the science of medicine by introducing new and fixed rules of observation.

CHRISTIAN CENTURIES.

B. C.	1st	2nd	3d	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	17th	18th	19th
Hippocrates 460-370	St. Luke	Galen					Paulus Ægineta						Lan	franc	Para	celsus	con	Von Haller	visart
Aristotle 384-322	Celsus									School	of Sal	ernum			Besil Valentine	Ba Wm H	arvey	Cor Cullen	Andral
Pyrrho 380	Crinas												Mon	Chrydini	solore and	Vesalius		J Brown	Trousseau
Asclepiades of Bithynia 90															Revival of Learning, Printing, etc	Leonicenus	Sydenham	Bic	hat
Themison 60								Acad'y Bagdad									Sta hl	Sir C Aber	Bell
Libraries of Alexandria and Pontus								Geber	Rhazes	Avicenna		Avenzoar of Seville			Lin	acre	Hoff mann	A Co	nethy
								School	ls of Co	rdova						Ambrose Paré	Boer haave	oper	J. Muller
																		J Hunter	Rokitansky
																		Jen	ner
																			Virchow
																			Ether 1846
																			Chloroform 1847
																			Lister
																			Pasteur
																			Koch
																			etc.

There were many physicians in Palestine, at the time when our Lord asserted his own supremacy over nature and disease, as we are told in the Gospels. Luke, the narrator of the third Gospel, has been called "the beloved physician," and the title is justified by the medical phraseology employed in his account of the miracles of healing and their opposites, used both in the third Gospel and in the Acts of the Apostles, in both of which works we find words which were in common use in the medical phraseology of the day and which a physician would naturally and unconsciously employ.

The victories of Lucullus and Pompey had brought Greek philosophy to the City of Rome, and thither the traveling physicians soon gravitated, as did everything else; all roads led to Rome. Amongst this number, Asclepiades, born in Bithynia, about ninety years before Christ, gained general esteem and practice in the great metropolis. He became a fashionable physician and after their custom, "avoiding everything that can give uneasiness, until nature cures or yields to the disease," had great success. It is curious to find that Virchow, as quoted by Dr. W. H. Welch, saying in 1849, "In fact, that is true, which Asclepiades of Bithynia, the father of that old school of methodistic physicians, emphasized: the method of investigation is that which is essential and determining."

Asclepiades introduced many new applications of remedies. He was the first, it was said, to use the shower-bath, and he greatly relied on cold baths and frictions. His treatment was generally mild and reassuring, although he first recommended tracheotomy for violent sore throat. He was the founder of a famous School of Methodists, of which his successor, Themison, was noted. Juvenal, however, says of him "*Quot Themison ægros autumno occiderit uno.*" (How many sick did Themison destroy in one autumn.")

Celsus, also, a celebrated Latin writer on Medicine, lived, it is thought, in the reigns of Augustus and Tiberius Cæsar at the time of our Lord. He was presumed by Bianconi to have been secretary to Tiberius. Horace alludes to him (Horace Lib. 1, ep. 3). He was an elegant writer, called the medical Cicero, but only one of his treatises has been preserved; namely, his treatise, "De Medicina," a part of his great encyclopedia in eight books. He adopts mostly the doctrines of Hippocrates and of Asclepiades and treats impartially the prevailing sects of his time, the Empyrics, Methodists and Dogmatics. His book has been used in quite modern times as a text-book in reference to ancient medicine and fifteen editions were issued in the sixteenth century.

It is doubted whether Celsus ever practiced medicine, although from his descriptions it is thought that he must himself have dissected human bodies. Like all doctors before and after him until very recent times, he mixes facts with fancies, but he may nevertheless be consulted by all who care to study the opinions and practice of ancient physicians related in charming Latin.

About this time Pliny writes with much contempt of the arts of those who were contending for practice and had introduced new-fangled notions for the sake of gain; and it is said that Crinas, who lived in Marseilles, A. D., 54-68, introduced astrology into medicine and professed to regulate the regimen of the sick by the course of the stars. Notwithstanding these absurdities, he made enough fortune to fortify, at his own expense, several towns of his own country. These men and others attracted troops of students, whom, in the absence of hospitals, they took to see their private patients, which was the occasion of an epigram of Martial:

"I send for Symmachus; he's here,
A hundred pupils following in his rear.
They feel my pulse, with hands as cold as snow.
I had no fever then, I have it now."

But in the midst of these satires, we must not forget that from the time of Hippocrates, medicine had been practiced as a humane art. In the words of Hobart, ancient physic inculcated on its professors the duties of courteousness, kindness and humanity towards patients,

and pronounced those who practiced physic with a view merely to advancement and gain unworthy of the art of Hippocrates. Hippocrates tells physicians that they should possess urbanity and gentleness, for roughness and rudeness were offensive to sick and sound alike, and that philanthropy in a physician ever accompanied a real love of his profession.

Galen calls the medical profession itself "the philanthropic profession." He draws an unfavorable comparison between physicians who practiced merely for gain and Hippocrates and other distinguished physicians who, he says, "healed men through philanthropy."

In our rapid enumeration we must now pass on to the well-known name of Galen (Claudius Galenus), who flourished in the latter half of the second century, dying about the beginning of the third. Born at Pergamus, he first studied Aristotle, afterwards the other forms of philosophy. A dream is said to have determined his father to educate him as a physician. At 21 he started on his tour to visit celebrated teachers of medicine and to collect specimens of natural history. He went to Smyrna, to Corinth, to Palestine, and finally settled down to study at Alexandria. He returned to Pergamus at 28 years of age, but soon found his way to Rome, where he was called, through his success, "Paradoxologos," wonder speaker, and "Paradoxopæus," wonder worker. Sometimes leaving the city, his enemies said, when there was a dangerous epidemic, but returning again, and afterwards going to Pergamus.

He appears to have lived to the age of 70 or 80. He had the confidence of the great emperor Marcus Aurelius and lectured on anatomy at Rome, as well as practiced medicine and surgery. Galen "had not," says the *Nouvelle Biographie générale*, "the noble simplicity of Hippocrates and he impairs the purity of his principles by fanciful explanations and by substitutions. He is, nevertheless, the only one among all the ancients who has given us a complete system (corps) of medicine."

Galen rejected the various medical opinions of his day and formed a new eclectic system which maintained its authority for thirteen centuries. He was regarded as an oracle by the Arabs and Europeans until the fifteenth century. In proof of this blind enthusiasm for his opinions, Dunglison quotes Massaria, a professor of Pavia in the sixteenth century, who absolutely declared that he would rather err with Galen than be right with any other physician. The doctrine of concoction, first started by Hippocrates, but established in the school of Galen, was one of the most fatal ever promulgated. By the term concoction was meant such a change in morbid matter by nature, assisted by medical art, as fitted it to be gotten rid of and thrown out of the body as *materia peccans*. Through Galen's writings we know much of ancient medicine.

The third and fourth centuries were destitute of really great names. These centuries of the extension of Christianity and also the fourth and fifth were not promotive of medical science, and cures by all sorts of mystical means were in vogue. The school at Alexandria, however, still continued to cultivate medicine. The persecuted Nestorians, fleeing from the orthodox Christians, also established a school of medicine at Edessa, and several of them fled to the Arabian peninsula, which led to the foundation of the Academy at Bagdad, and to the restoration of medical science in Europe. The sixth century may be passed over.

Paulus Ægineta, the last Greek author on medicine, flourished in the seventh century, famous as the first physician who made a specialty of female diseases (the first man-midwife), which has since become usual. No other Christian physicians claim our notice, in the eighth, ninth and tenth centuries.

But while medicine declined in the west, it was rising again in the east. At the time of Mahomet (A. D. 622) there were at Mecca several physicians educated in the Grecian schools; and in the eighth century, when the Caliph Almanzor had founded the city of Bagdad, a college of medicine was established. From all parts of the world

students flocked; at one time they were estimated at 6000. The Caliphs established these hospitals and public pharmacies and Almamoon, Caliph, about 812, had Greek books translated. From the eighth to twelth centuries the schools and libraries of Cordova in Spain were in their glory. Alkahem established an academy, and collected a library of 224,000 volumes. Medical science made great progress, and by the twelfth century Cordova had produced 150 medical authors.

In the thirteenth century, Caliph Mostanser re-established in Bagdad the academy and medical school to replace the Jewish schools which had sprung up. Mostanser gave salaries to the professors, collected a library and established a new school of pharmacy. Chemistry and pharmacy flourished among the Arabs. They gave names to alcohol, jalap, lymph, naphtha, camphor, etc., and in the eighth century, Geber of Mesopotamia had prepared corrosive sublimate, red precipitate, nitric acid, etc.

In the ninth century they published the first dispensatory or pharmacopeia. I cannot stop to mention the names of the many eminent Arabians. We must not, however, omit the great name of Rhazes, who died in 923, who published twelve works on medicine, which described small-pox and measles, the last for the first time. He introduced as new remedies in that day orpiment, a sulphuret of arsenic, the sulphates of copper and iron, borax, etc., all used in medicine today.

The tenth century produced also besides other Arabians of note Avicenna (978 to 1036) the last of the Arabian authors. In the twelfth century, Avenzoar, a native of Seville, lived. By the thirteenth century medicine in Spain declined, the Christian Spaniards more and more encroaching on the Moors and obliging them to give up everything for war. The Moors were finally expelled from Spain in the fifteenth century.

The Arabian school conserved what was best in the Greek medicine, but except in chemistry and materia medica made little advance. In the meanwhile great ignorance possessed the Christian States of Europe. Medicine was there mainly relegated to the monks and embarrassed by recourse to wonder-working relics, incantations, etc. In 805 Charlemagne's great influence and energy established schools and gave some impulse in the right direction, though he thought little of physicians himself.

We may remember that, independently of monks, the school at Salerman flourished in the twelfth century. Schools of learning were also beginning to be fostered in England and greatly in Paris and Montpelier. Academical dignities were first conferred by the Nestorians and Jews and were now given in Europe and the title Doctor, bestowed at first on teachers of medicine, gradually descended. Anatomy was studied in the works of Galen, or on pigs and dogs, which were at this era dissected.

In the thirteenth century we find the College of Surgeons separated in Paris from that of medicine and the name of Lanfranc of Milan, who was obliged to leave his country, and settled at Paris.

In the fourteenth century medical instruction now established in the Universities was greatly advanced by dissections of the human body before pupils, first by Mondini de Luzzi in 1315; nevertheless, judiciary astrology and every other part of theosophy impeded its progress and were practiced by physicians whom Haller has called Arabists.

The fifteenth century was marked by little improvement in medicine. Basil Valentine, a Benedictine monk, experimented in antimony upon his fellow monks, so disastrously that its name was supposed to be thus derived.

The new studies were now taking their places. Emmanuel Chrysolore arrived in Italy from the East as ambassador and lectured on the original works of the ancients and this taste was carried over Europe. The works of Plato and Aristotle were read and the errors foisted on them understood, printing was discovered, the geographer de Gama reached India, Christopher Columbus discovered America.

The sixteenth century marked a further advance in medicine. Hippocrates was read in the original and commented on in Venice by Leonicénus. Thomas Linacre, his pupil, physician to Henry VIII of England, published a faithful translation of Hipprocrates in Latin and founded at Oxford and Cambridge a chair of Hippocratic and Galinical medicine. A large number of persons throughout Europe, as we have seen before, were employed in commenting on the works of Hippocrates and Galen and were still in slavish subserviency to him. Theosophy also continued to throw its baleful shadows over medicine. Astrology was united with medicine and demons were supposed to brood over nature and influence disease. Chemical science owes in this century its impetus to the studies of physicians. The great quack Paracelsus, who gave his middle name Bombastes to our word "bombast," flourished in this century, lecturing at Basel and pretending to have discovered the elixir vitæ, but he himself died at the early age of 43. Surgery and anatomy advanced. The operation for stone had become more common and with improved instruments; and gun-shot wounds, a new thing, owing to the recent invention of gunpowder, were studied by Ambrose Paré (1509–90), who also first practically used the ligature for the arrest of hemorrhage. Great discoveries were made in anatomy and Andreas Vesalius at the end of this century, an accurate anatomist, published the first anatomical plates, executed after nature, and Silvius first injected the blood-vessels. Eustaches discovered the Eustachian tube, Fallopius the Fallopian tubes and Fabricies discovered the valves of the veins.

The seventeenth century will be forever memorable by the discovery by William Harvey, physician to Charles I and Charles II of England and St. Bartholomew's Hospital and Professor of Anatomy in the College of Physicians and Surgeons in London, of the circulation of the blood, doubtless the most important and far-reaching in its results of any single discovery ever made in medicine. It was not published until 1628, and Harvey complains that its unpopularity lessened his practice greatly. It was said that no physician in Europe who had reached 40 years of age, ever to the end of his life, adopted Harvey's doctrine of the circulation of the blood. He had, however, says Hume, the happiness of establishing at once this theory on the most solid and convincing proofs. In spite of this discovery, Paracelsus' wild doctrines and three of the so-called Rosicrucians greatly influenced the early part of this century. For instance, the powder of Sir Kenelm Digby Knight of Montpellier, whenever a wound had been inflicted, was applied to the weapon that had made it. The weapon was dressed with ointment besides, three times a day. According to Lord Bacon, the wound was washed clean and then bound up in close, fine linen and no more dressing renewed until it was whole. This was often very effective.

But science was slowly but surely making its way, the mathematical studies of Galileo and Kepler, above all the *Novum Organon* of Lord Bacon, published in 1620, which proposed the method of inductive reasoning, had excited a desire to observe and experiment. Many discoveries as to different parts of the human body were made. Stimulated by Harvey's discovery, the lacteals were investigated, the course of the chyle made known, etc. Improvement in surgery followed. For the first time under the influence of Julian Clement, a celebrated French accoucheur, men were generally employed as accoucheurs instead of women. The conclusion of the seventeenth century was marked by such a man as Sydenham, called by Boerhaave the great Leyden Professor of the next century. "*Angliæ lumen, artis Phœbum veri Hippocratici viri speciem.*" (The light of England, the Apollo of art, the true type of a Hippocratic man.) Sydenham attempted with success to reduce practice to a greater easiness and plainness and against the absurd and fantastical notions of the day, carefully observed and reasoned. In 1666, Sydenham published his treatise on fevers. He discovered the cool regimen in small-

pox, and wrote several short medical treatises, especially observing the effects of the seasons on disease. He died in September, 1689. "His skill in physic," says Dr. Johnson, "was not his highest excellence ; his whole character was amiable ; his chief view was the benefit of mankind, and the chief motive of his action the will of God, whom he mentions with a reverence well becoming the most enlightened and penetrating mind."

The beginning of the eighteenth century was marked by the introduction of systems of medicine intended to replace former crude ideas. Celebrated amongst these are those of Stahl, long in vogue in Germany, and those of Hoffman and Boerhaave. Stahl introduced great reliance on nature and was the originator of the phrase, "Medicina expectans," expectant system. Attention to nature made these observers attentive to phenomena of disease. Hoffman's main point was the nervous influence of disease.

Boerhaave (A. D. 1668–1738) paid much attention to reducing chemistry to a philosophical, systematic form, and gathered help from various writers and systems—not forgetting Hippocrates and Galen. Boerhaave's doctrines of pathology under the name of the humeral pathology had wide acceptance in Europe. Cullen, (1712–1790) adopted Hallers' (1708–1777) views on irritability and proposed a system in which irritability formed a prominent feature. Von Haller of Gottengen, who has been called the father of modern physiology, is also a brilliant name in this century and deserves a longer notice. Cullen's system was followed by that of Dr. John Brown, who opposed Cullen and whose doctrine of sthenic and asthenic states cannot be here followed. It led to disastrous results, as all such generalization must. It was very simple. If the patient is in a sthenic state, bleed ; if in an asthenic, stimulate. But we must pass on. This century, the eighteenth, was destined to conclude with brilliant names. Medical writers of eminence, too numerous to mention, were beginning to limit their writings to observations of nature, making their opinions to accord with experience and originating no new theories. In 1798, Jenner discovered the method of vaccination as a protection against the attacks of small-pox. Erasmus Darwin in inflated language advanced the doctrine of association of the various organs of the body.

But it was to John Hunter that the eighteenth century owes its greatest lustre in medicine. (A. D. 1728–1793). In an account of Hunter by the eminent surgeon S. D. Gross of Philadelphia, published in 1881, he says of him: "With the exception of Hippocrates, the father of medicine, John Hunter is the grandest figure in the history of medicine." Welch calls him "that great investigator in pathology," and says that "Hunter was the first to give a broad scientific basis in surgery." Hunter came to London in 1748 to join his brother William and entered at once with ardor into anatomical study. He served as military surgeon during the Peninsular War, and on his return, on the declaration of peace in 1763, opened a school of anatomy and operative surgery and took private pupils at 500 guineas a year—a practice continued until the time of his death. He had an enormous power of work and collected all sorts of animals, birds, fishes and reptiles. He studied intensely and made preparations for his museum. He impoverished himself to get specimens. He believed in knowing by experiment the truth of opinion. In one of his letters to Jenner, his pupil and friend, he writes about the temperature of the hedge-hog, "I think your solution is just ; but why think ? Why not try the experiment?" This was the key to his method. There is not time for even the bare enumeration of his works. He made a lasting impress on his age. His great museum, the only property he left behind him, was in 1799, six years after his death, purchased by the British Government for $75,000, about fifteen per cent. of its cost. It was put under the charge of the Royal College of Surgeons and remains a monument to his unceasing industry and love of science. By constant additions it now

forms, Dr. Gross says, the most enormous collection of anatomical, surgical and zoological preparatory in the world. Hunter's pupils extended his fame—Jenner, Abernethy and others in England and Physick and Shippen in America.

In the short review which follows, of the illustrious names of the nineteenth century, it is possible only to mention a very few. Bichât, early in the century, demonstrated the elementary tissues of the body ahd endeavored to explain the chemical, physical and vital properties of the tissues. In the first three decades of this century, French physicians and surgeons were pre-eminent. Lænnec in 1815 invented the stethoscope and discovered auscultation, dying himself of phthisis in 1826. New observations of disease and the increased attention to pathological anatomy advanced clinical medicine as taught by such men as Corvisart, Louis (1829), Andral, Trousseau and others (1836–39). The "sound healthy traditions of clinical medicine," as taught in Paris in the first half of the present century, were brought to this country by many Americans and to this city by Power, Donaldson and Christopher Johnston, all afterwards professors in the University of Maryland. In England, such men as Sir Charles Bell (1821–36, died 1842), the great dissector and delineator of the nervous system, Abernethy, Abercrombie, Sir Astley Cooper, Bright, Hope and others might be mentioned of this century. It was in the third and fourth decades that the great Vienna School of Pathology came to the front under Rokitansky and Skoda. As a purely descriptive pathologist Rokitansky is the greatest that ever lived. "When he retired from his professorship connected with the General Hospital of Vienna, at the age of 70 years, he is said to have possessed over 100,000 protocols of autopsies made by himself or his assistants." But these researches only lessened both his and Skoda's reliance on drugs and greatly furthered the "nihilistic system of therapeutics."

In the earlier decades, physicians in Germany proper were still under the influence of speculation. The era of the microscope had not fairly begun. Johannes Müller in 1838 made the first fruitful application of the microscope to pathological histology. Schwann in the same year applied the cell theory to animals, but it is to Rudolph Virchow, whose 70th birthday was celebrated in Europe and America, October 13, 1891, that we owe, mainly, the establishment, in 1858, of the cellular pathology (*omnis cellula e cellulâ*) and the substitution of observation as paramount to theory in the formation and establishment of general principles and laws. It is not the purpose of this address nor have we time for it, to go further into the names of the latter decades of the nineteenth century. A few facts must be noticed.

The discovery proved in Boston, October, 1846, under Dr. Morton, that the inhaling of ether causes insensibility to pain and the subsequent use of chloroform by Sir James Y. Simpson of Edinburg in November, 1847, made surgical operations possible that could not be attempted without them and vastly increased the means for the relief of suffering.

In the meantime the improvement in all instruments, the perfection and cheapening of the microscope and its general use, the discovery of instruments for testing various organs—the ophthalmoscope, the laryngyscope, etc., a careful study by means of the improved stethoscope and other instruments, the introduction of the long forceps, etc., and the contribution of chemistry to the list of valuable remedies, have greatly added to the general efficiency of the physician and his stock of knowledge, whilst the quick and constant interchange of opinion by means of journals, medical societies, etc., has put the investigators and clinicians at once in possession of the latest facts. In our own day, Pasteur's observations and his discovery of the action of ferments and his and Koch's and others' isolation and culture of minute microorganisms and the detection of the part they play in the causation and course of certain diseases, have laid the foundation on a secure basis—of a new science,

that of the scientific prevention of diseases—now in its infancy, but promising great results. Lister's use of antiseptics and its extension in one form or another to all surgical operations has changed surgical procedure, saved many valuable lives in the lying-in room and surgical wards and has received well-merited recognition.

One word more before I bring this necessarily imperfect summary to a close. This is the day of laboratories, the day of instruments of precision, of well-established scientific facts, of patient investigation, of an improved pharmacy, of attention to special organs, the day of advance all along the line. Medicine has taken her place in which making tributary to herself the exact sciences. She is successfully demonstrating that in the broadest sense it is still true that "the noblest study of mankind is man." To be not only an accomplished but a scientific physician is now within the reach of those who will devote the necessary time, patience and skill required to make use of the means. The University of Maryland has built her laboratories and lengthened the duration and changed the nature of her courses with the demands of the time and her own enthusiasm for the cause, and Baltimore, with its noble foundations, is, we believe, yet destined to become a medical center of ever-increasing usefulness and lustre. The influence of the great observers and writers on medicine still continues. Although detected by subsequent observations in mistakes, they continue to be landmarks. Such are Hippocrates and Aristotle, Galen and Avicenna, Vesalius, even Paracelsus, Sydenham, Harvey and Hunter, not to come to more modern names. It is curious in these last days to hear a distinguished modern zoölogist, Dr. Brooks, saying in regard to the explanation of the cause of the divisions of the vertebral column, that he sided with Aristotle and the moderns against Empedocles and Herbert Spencer and the ancients. Genius never grows old, and faithful, honest work remains. When I was in Paris in 1892, the magnificent corridors of the halls of the new Sorbonne were being decorated in fresco by the greatest living artists of the city. In glowing colors the early scenes in the founding and development of the city were being represented so that students might pass into the presence of the day's problem surrounded and stimulated by the achievements of the past. It is what has already been done and that leads us to anticipate greater triumphs in the future.*

NOTE.—I have not encumbered this sketch with a list of the authorities used in its compilation.

THE REMOVAL OF ENLARGED CERVICAL GLANDS.— Dollinger (*British Medical Journal*) describes an operation for the subcutaneous extirpation of tuberculous lymph glands in the neck and submaxillary region. The posterior half of the scalp having been shaved, and the whole of the scalp and the skin of the affected side of the neck carefully disinfected, an incision is made commencing behind the external ear, and carried in a curved line with the convexity backwards and downwards towards the middle line of the neck behind. The skin and superficial fascia are divided, and the anterior and lower flap is undermined by the finger and elevator until the enlarged glands are reached; these, if they have not broken down or contracted firm adhesions with surrounding soft parts, may now be readily detached by the elevator and drawn through the wound. The skin forming the lower flap is so yielding, especially in women and children, that it is possible by this operation, the author asserts, to reach glands situated near the chin, and even those in the supraclavicular region. The wound, when made under strict antiseptic precautions, heals quickly, and the scar is hidden by the new growth of hair.

* * *

INEBRIETY TREATED AT HOME.— The home treatment of drunkards is just now receiving attention. Dr. Breed, in the *Medical News*, reports success in curing the drink habit by giving hypodermic injections of the nitrate of strychnia and using sulphonal to relieve restlessness. In a few days improvement was noticed.

TYPHOID FEVER.

By Edward Anderson, M. D.,
Rockville, Md.

I HAVE always believed that typhoid fever was taken into the system through the air, without the intervention of water, and I am now more convinced of it than ever, notwithstanding the assertions of some to the contrary. Satisfactory investigations cannot be made in a city, but in the country only, where we have our patients miles apart. Dr. Smart, Surgeon U. S. A., in an address before the Sanitary League of the District of Columbia, said that seventy-five out of every hundred thousand of the population of Washington died every year from typhoid fever due to drinking Potomac water, but upon microscopical examination the water was found to contain no typhoid bacilli.

During the war between the States a vessel was anchored in the Potomac opposite Alexandria for at least two years to guard the river and not a case of fever occurred upon it, and that at a time when thousands of men were encamped upon the banks of the stream and numbers of dead bodies floating in it, yet I think they used river water exclusively. A Washington physician, who owns a farm in our county, said he did not intend to have any typhoid fever on his place, so he built a cistern and forbade the use of any but cistern water. The next season he had more cases of typhoid fever in his house than any other house in the county. A lady in this town whom I attended last fall for typhoid fever and who died of hemorrhage of the bowels, fearing she might have typhoid fever, drank no water for months prior to taking that disease except such as had been boiled.

The character and condition of the soil has, I believe, all to do with the disease under consideration, although this disease never prevails to any extent except when the earth is dry; an early drought, such as we have had this season, prevents the prevalence of typhoid, for the germs cannot flourish in a dry soil. The most rapid development of typhoid fever in my experience occurred in the latter part of August, 1889, when the ground remained dry for about two weeks after having been saturated for nine months. If typhoid fever is due to drinking water we ought to have had a great deal of it here this year, for the water with us was lower than it had been for forty years; but such was not the case.

Although typhoid fever is a disease rarely if ever contracted more than once in a lifetime, the poison may be imbibed with the air we breathe during the whole course of an attack, therefore it is best, when practicable, to move patients as early as possible from the place where the disease was contracted. I have moved patients in all its stages, one a fourth of a mile on a stretcher, another twelve miles in a wagon and others as much as fifty-six miles by rail, with six changes in one case and all with immediate improvement and final recovery, except in one case, where it was necessary to move a patient to a house in which typhoid fever had appeared for the third time within five years. Though he received the best attention that could be bestowed, he died after an illness of four weeks.

LACTATION : ATROPHY OF UTERUS.—Engström (*British Medical Journal*) believes that the simple general anemia, which is common in lactation, especially when carried too far, accounts sufficiently for the over-involution of the uterus, practically atrophy. He does not believe in a special trophoneurotic action of the act of suckling on the pelvic organs. That function does not set up contraction of the uterine fibres, and consequent absorption of its tissues.

SOCIETY REPORTS.

BALTIMORE MEDICAL ASSOCIATION.

STATED MEETING HELD MAY 14, 1894.

Dr. David Streett, President, in the chair.

Dr. I. E. Atkinson opened the discussion on TYPHOID FEVER. It is an important question with us. Our city is extensively pervaded with typhoid fever notwithstanding the rose-colored reports as to the health of the city. The water supply is greatly exposed to contamination. One of the affluents of Lake Roland rises in the Towson jail yard. Other affluents are likewise contaminated. Dr. Osler's paper shows that the percentage of typhoid in Baltimore is twice as large as in New York and nearly twice as large as in Boston. Imperfect drainage is largely responsible for typhoid fever and in this respect Baltimore is defective.

Milk supply is another important consideration, a prolific source of typhoid fever germs. Walking typhoid is a very prevalent disease. He does not think, as some do, that most of these patients die. On the contrary, he thinks that most of them recover. He sees many cases having very few of the symptoms of typhoid fever but with a slight persistent elevation of temperature. Many such cases are often not recognized. Atypical forms of the disease are more common than the typical disease. These have received various names. Dr. Atkinson grants that typhoid and malaria may exist at the same time, but thinks that most of such cases are typhoid. Infantile typhoid is generally atypical. The temptation to call such cases remittent fever is great. An important point is typhoid defervescence. When typhoid begins to abate, it generally does so in the morning.

The physician is apt to make the mistake of thinking that the patient is recovering if the morning temperature is normal or subnormal. Always see the patient twice a day. Recrudescence may occur after the physician has made such a mistake. This is to be distinguished from relapse. Many so-called relapses are in reality not relapses at all, but the setting up of a new disease, septic infection. This is a case of mixed infection. Mixed infection is a frequent occurrence. Peyer's patches slough about the second or the third week. With these exposed surfaces it is strange that all patients are not infected by the numerous bacilli present; many of the complications of typhoid are due to septic infection. Treatment: Considered first, cold water treatment, cold baths. He thinks very favorably of it, not only for the purpose of lowering the temperature, but also for the tonic effect. Give a bath of 65° every three hours, lasting fifteen minutes, when the temperature reaches 103° or 102.5°. He spoke of difficulties in administering it. Sometimes it gets the patient into a frenzy; then it must be discontinued.

Always take the temperature by the rectum. Not only the temperature is lowered by the bath, but also the general systemic effect is beneficial. Iced-water sponging is a good substitute for cold bathing in private practice. He has never seen any harm result from it. Sometimes after the sponging there is cyanosis and the extremities are very cold, in which case hot bottles are applicable. There are no contra-indications except, perhaps, hemorrhage from the bowel. The effects of cold water are not so brilliant as it would seem, but the mortality has been much reduced. He has noticed that patients treated in this way often have a copious desqaumation. Nutrition is a very important point.

Liquid diet is the proper thing, especially milk. One objection to milk is that there is much residue to be passed from the bowel. He has seen serious results from this cause. Use enemata constantly, but they do not always accomplish the object. Give small doses of oil or calomel. Many give no solid food until the patient has been free from fever for four days, but Dr. Atkinson thinks that if there is good reason to believe that the recrudescence is not

typhoid, but septic infection, it is important to sustain the patient. Other foods than milk, such as beef extracts, egg albumen, are useful. He spoke of typhoid spine mentioned by Osler, Loomis, and others.

Dr. John Neff: Last year he had two cases that were anomalous. One was a young man who went on very well until irregular chills set in. He suspected nephritic trouble. Urine on examination was found to be albuminous. Ordered nitro-glycerine and acetate of potash. Urine cleared up and chills ceased. The other case was a young lady with similar symptoms.

Dr. R. H. P. Ellis: Physicians should instruct others upon the nature of this disease and the methods of prevention. It is more likely that cases occur from some other cause than from the common supply of drinking water. It is not sufficient to treat high temperature alone. Nutrition is the most important consideration. He asked Dr. Atkinson if he had had any experience in the use of guaiacol to reduce temperature.

Dr. John D. Blake asked to what extent, in what percentage is it common to have frenzy after the cold bath. In regard to difference in temperature taken in the mouth and in rectum, was the temperature taken before or after the bath? What is the frequency of hemorrhage in cases in which cold bath is used? What is the effect of cold upon the organisms causing the disease? Dr. Blake in one case injected cold water into the bowel, but after the third trial it gave the patient violent cramps and he had to desist.

Dr. David Streett: Dr. Atkinson's remarks about relapses differ from the statements made by prominent authors. He has never seen but one case of relapse, but has seen many cases of recrudescence. He believes that Dr. Atkinson's remarks about septic infection are true. He thinks that the disease would be more general in Baltimore if it were due to the drinking water. He has had excellent results from the wet pack and cold sponging, but has had but little experience with the cold bath. Theoretically the best treatment would be antiseptic treatment of the intestinal canal.

Dr. R. H. P. Ellis: Impacted feces from milk diet is not confined to typhoid fever. Because water is ill-smelling, it is not necessarily dangerous to health. The purest water, so far as looks, smell and taste are concerned, may be the most productive of typhoid fever.

Dr. Streett: The constipation to which Dr. Atkinson and he had referred was not the scybalous masses that Dr. Ellis mentioned, but the rectum is impacted with a putty-like substance.

Dr. Theodore Cooke, Jr., spoke of the disease at the penitentiary. The cases are isolated and sporadic. Has used cold water with success. Every precaution is taken to prevent the spread of the disease at the penitentiary.

Dr. Atkinson: Cases undoubtedly occur of second attacks of typhoid fever. Nephritis occurs in typhoid under three conditions: 1. The ordinary albumen of fever, not severe. 2. A form peculiar to typhoid fever, severe. 3. The most fatal form is when typhoid occurs in a person already suffering with Bright's disease. The vitality of typhoid fever is not known. Dr. Ellis' argument about the comparative exemption from the disease, notwithstanding the contamination of the drinking water, will not hold. Long continued fevers that resist the influence of quinine are typhoid. Physiology of the body heat is one of the most difficult problems to solve. He will not attempt to explain the action of cold in the treatment of typhoid, but its efficiency is borne out by facts. He has had no experience with guaiacol. If we are to be guided by cold extremities, we must give up the use of the cold bath. Cold exerts a tonic influence as well as lowers temperature. As to frenzy, the patient becomes excited and angry. It is not the frenzy of madness, but of passion. Rectal temperature is always higher than that in the mouth. The theoretical objection of hemorrhage will not hold, since experience shows that the liability to hemorrhage is not increased by cold applications.

EUGENE LEE CRUTCHFIELD, M. D.,
Recording and Reporting Secretary.

THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

MEETING HELD OCTOBER 17, 1894.

The Medical Society of the District of Columbia held its regular meeting on Wednesday night, Dr. S. C. Busey, the President, in the chair.

Dr. I. C. Rosse read a paper entitled Some Medico-Legal Features of the Schneider Case. This paper was very interesting and brought forth a lively discussion.

Dr. W. K. Butler presented a Tonsil-lith which he had removed from the right tonsil of a patient. The lith measured one inch in length, 7/8 inch in breadth and 5/8 inch in thickness; weighed 85 grains.

Dr. G. L. Magruder presented the Society with the report of the Committee on Typhoid Fever in the District of Columbia.

On motion, the President was requested to invite Dr. Joseph Price of Philadelphia to read a paper before the Society.

On the 24 inst., Dr. John S. Billings is expected to read a paper before the Society on the Result of his Examination of the Water Supply. It was moved and carried that the Commissioners of the District and Col. Elliott, who has charge of the Aqueduct, should be invited to attend.

MEDICAL PROGRESS.

Fissure of the Anus.—In fissure of the anus and hemorrhoids, the average surgeon uses the knife and does not often resort to medical treatment, but Dr. Lewis H. Adler, Jr., in *Mathews' Medical Quarterly*, believes that palliative measures will improve a large number of cases and argues that seventy-five per cent. of such cases may be cured by non-operative methods.

Cleanliness and regularity of habits are both essential. The stools should be made semi-fluid. For this purpose mild enemata should be employed. He uses an enema of warm water, or one of flaxseed tea, half a pint to a pint every evening. If the first enema prove ineffective, it should be repeated. In order to relieve the pain and spasm attending an evacuation, use, half an hour before and after the injection, one of the following suppositories:

℞.—Ext. belladonnæ . gr. 1/8 ad 1/2
Ext. opii aq . . gr. 1/4 ad 1/3
Ol. theobromæ . gr. x
Misce, et fiat suppositoria j.

℞.—Ext. conii . . 3 ii
Olei ricini . . f 3 iij
Ung. lanolini . q. s. ad 3 ij

When local remedies are to be applied to the anal fissure, it should be well exposed, cleansed with warm water and anesthetized with cocaine. The nitrate of silver in stick or in a solution of ten to thirty grains to the ounce may be used. After the caustic apply an iodoform ointment. The use of a bougie stretches the parts.

The following ointments have also been used with success:

℞.—Plumb. acetatis . . gr. x
Zinci oxidi . . gr. x
Pulv. calaminæ . gr. xx
Adipis benzoinat . 3 ss M.

℞.—Hydrarg. subchlor . gr. iv
Pulv. opii . . gr. ij
Ext. belladonnæ . gr. ij
Ung. sambuci . 3 j M.

S. To be applied frequently.

* * *

Wounds of the Liver.—Zeidler (*British Medical Journal*) observes that the diagnosis of ruptures of the liver is not easy. Such symptoms as local and radiating pains, icterus, enlarged and tender liver, arise late, yet the danger lies within the first twenty-four hours in the majority of cases. External local measures cannot arrest the hemorrhage. Although it may not be possible to diagnose the injury to the liver, laparotomy is indicated here as in the wounds of other viscera. If there be an actual wound of the abdominal wall it is easier to decide whether the liver has been wounded. The author then details three cases of wounds of the liver in patients aged 18, 16, and 28 respectively, the first being a rupture without external wound. In the first case there were symptoms of shock and irritation of

the peritoneum; in the second severe symptoms of internal hemorrhage; and in the third no marked symptoms. In the first two cases there was a large quantity of blood free in the peritoneal cavity, whereas in the third there was less. The hemorrhage from the liver was arrested by the tampon in one case and by Paquelin's cautery in the other two. They all made good recoveries. It is striking that small wounds in the liver can produce so much hemorrhage. The tendency to spontaneous arrest of the hemorrhage is slight. Suture of the liver, Paquelin's cautery and the tampon are the methods available. Paquelin's cautery can hardly arrest hemorrhage from large vessels in deep wounds of the liver; here the suture may be used. The blood pressure in the liver vessels is low, hence arrest of hemorrhage can surely be obtained by the tampon. The wound in the liver where the tampon is used also remains better under observation.

* * *

Thirst Following Abdominal Section.—Thirst usually follows the loss of water from the body, whether it be from diarrhea, hemorrhage, pespiration or other causes. The cause of thirst following abdominal sections is more of theoretical than of practical interest and Dr. Eugene Boise in the *American Journal of Obstetrics* endeavors to throw some light on the subject.

The sensation of thirst is in the back part of the throat, but the thorough quenching of thirst is only obtained by the ingestion of water, although both injection of water into the bowels and immersion of the body in water will lessen thirst. In order to account for thirst after abdominal operations, Dr. Boise says:

1. Thirst is a sensation indicating that the tissues of the system need more water.

2. The sensation felt in the throat is reflex.

3. The origin of the sensation is believed by leading physiologists to lie in the sympathetic system of nerves, because (*a*) no cerebro-spinal nerves can be found which convey the sensation to the consciousness, and (*b*) nutrition is presided over by the sympathetic system, and thirst is a disturbance of nutrition.

4. (Hypothetical, or at least not proven.) The origin of the sensation is probably from the abdominal organs, because (*a*) these are so rich in sympathetic fibres, and (*b*) introduction of water into the stomach so instantaneously allays thirst.

5. The sensation invariably follows the withdrawal of any considerable amount of fluid from the body, and withdrawal of such fluid causes proportionate collapse of veins and capillaries.

6. Capillaries tend to remain at normal tension, and, when suddenly collapsed in any degree, attempt to regain that tension by taking water from the surrounding tissues.

7. Irritation of sympathetic nerves causes contraction of the arterioles supplied by such nerves.

8. Sudden contraction of the arterioles supplying any organ is followed by lessened tension in the capillaries and small veins of that organ.

9. Abdominal section invariably causes direct and reflex irritation of the abdominal sympathetic nerves.

10. Such irritation causes contraction (in some degree) of the arterioles of the abdominal viscera, with consequent lessened tension in their capillaries and compensatory withdrawal of water from their tissues. And is it not probable that such circulatory disturbances give rise to the sensation of thirst?

* * *

The Perchloride of Mercury in Whooping-Cough.—Raubitschek (*British Medical Journal*), knowing the want of success attending the usual treatment of whooping-cough, determined in the case of his own three children to resort to a novel procedure. He thoroughly saturated a cotton-wool tampon with a 0.1 per cent. solution of perchloride of mercury, introduced it into the mouth, pressed it against the base of the tongue, thus allowing the fluid to trickle down-

wards over the epiglottis, and finally withdrew it, at the same time swabbing the tonsils, uvula, and soft palate. This procedure was carried out daily, or every other day, according to the severity of the case, and was attended with the best results, not only in the three cases referred to, but also in fourteen other children since likewise treated. An improvement was noticeable on the second or third day, and all the patients were either cured or relieved within eight or fourteen days. One case appeared to be arrested during development by five applications of the solution. The author considers any poisonous effect to be impossible.

* * *

The Eczema of Surgeons.—For the treatment of this annoying trouble, which results from the irritation produced by disinfectant solutions, Prof. Lassar recommends in the *International Journal of Surgery:* 1. The use of a good soap. 2. Anointing the hands with a mixture of equal parts of adeps lanæ, olive oil, glycerine, and vaseline. 3. Abstaining from the employment of disinfectants for a time. 4. Application of a paste which will remove the crusts, for ten minutes, followed by a paste of tar oil and sulphur for an equal period, and then by chrysarobine; at night a bandage is to be worn.

* * *

Removal of Spinal Cord Fluid.—In hydrocephalus and allied troubles relief may be obtained by puncturing with a hollow needle the lumbar subarachnoidal space below the end of the spinal cord and allowing a part of the fluid to run off.

Dr. William Brownell describes in the *Journal of Nervous and Mental Diseases* cases treated in this way with his method, and while success does not follow, his conclusions are worthy of record.

1. The method is simple, easily practiced, and rather attractive.

2. In itself it is usually without danger.

3. By it we certainly can draw off cerebro-spinal fluid.

4. The quantity in an adult at short sittings has been from 1 to 1½ ounces.

5. This, without doubt, represents the amount of free fluid usually present in the lower vertebral canal, even when occluded above.

6. In internal hydrocephalus, the relief, if any, is but very temporary. In the common form due to tubercular meningitis, the result is not worth the trouble, while in the closed or sacculated forms it must rather do harm than good.

7. As a diagnostic means, *e. g.*, in suspected meningeal hemorrhage, it is valuable. And as an index of pressure it may also be worth noting.

8. It is worth further trial:—(*a*) as a passing relief in brain-tumors not complicated with hydrocephalus; (*b*) as a substitute for trephining in progressive dementia; (*c*) in certain spinal troubles; (*d*) and possibly as a means of applying medication directly to the spinal meninges.

9. In conclusion it may be said that while admissible in all cases of brain-pressure, there is nevertheless as yet no established indication for this procedure, except for diagnostic purposes.

* * *

Non-Venereal Syphilis.—That cases of non-venereal syphilis or syphilis of the innocent do occur there is no doubt, but rare are they as compared with the disease acquired in the usual way. Dr. Henry A. Robbins of Washington, D. C., records in the *Virginia Medical Monthly* a large number of cases of non-venereal syphilis which he has observed in his practice. In some cases it was passed from the guilty to the innocent by kissing; in other cases it was acquired by physicians who were attending syphilitic cases.

It seems very sad that usually those who innocently acquire the disease suffer more than those who justly pay the penalty for their immorality, probably because in the first place an unsuspected case develops further without treatment than one which is easily accounted for and whose initial lesion is on the penis.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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SEE PUBLISHERS' DEPARTMENT, PAGE 40.

BALTIMORE, OCTOBER 27, 1894.

License to Practice.

THE right to practice medicine in a State is not restricted and protected by wise laws for any other reason than for the good of the profession and the public, and yet the latter rarely appreciates the endeavors of physicians to uphold these safeguards against quackery and charlatanry.

The experienced alone can distinguish the spurious and false from the genuine and for this reason the medical profession has used its influence in framing and passing a law that gives the right to practice medicine only to those deserving this right. Now laws may stand on the statute books and not be enforced on account of the ignorance on the part of the public and the apathy of the profession. Ignorance of a law is no excuse, but apathy is a greater wrong and yet many a person sees laws broken and sinned against but is too careless or apathetic to raise objections.

The average Englishman, who raises his voice at every wrong and is a "kicker" when he has the right to "kick," is a much better citizen than the medical man who allows charlatanry to flourish because his shortsightedness does not let him see that such wrongs affect him indirectly. This apathy is akin to selfishness. It is well known that there is no small number of men who have perjured themselves by registering illegally who on account of the wondrous workings of the "lagging law" are allowed to go on with their work.

It is the duty of every physician in the State to constitute himself a detective and report to the Secretary of the State Board of Medical Examiners all persons whom he knows or even suspects to be practicing medicine without a right. Physicians have for a long time asked for an efficient State medical law, and now one has been passed, it is the duty of respectable physicians to uphold it and do their parts.

* * *

Edible and Poisonous Fungi.

THE Department of Agriculture is not yet old enough to have exerted any great influence on this large country, but it is making very praiseworthy endeavors to help the tillers of the soil and to instruct the people generally. One of the latest practical moves it has made is to prepare charts, models and papers to show which of the numerous fungi are poisonous and which edible. Many of our best vegetables have been brought to us either by accident, or the original plant from which the present vegetable has been cultivated was shown to be edible by some practical botanist. There is no doubt that mushrooms and such foods grow in abundance if people only knew which of this class could be eaten and which not. That they do not yet know is shown by the numerous reports of cases of accidental poisoning, sometimes in whole families and districts, in which a poisonous growth had been eaten under the impression that it was mushroom.

The exhibition of edible fungi which was seen at the Pure Food Exhibition in Baltimore, and which will be later shown in Washington and other places where the food shows are open, is a very praiseworthy effort on the part of the United States Government to teach the public, if the public wishes to be taught. In addition to this, the Department of Agriculture has published a series of pamphlets which show in beautiful illustrations

these fungi from every point of view. If this knowledge can only be disseminated and especially if those dangerous persons who are so certain they know all about it will only learn before they eat the poisonous ones, many lives will be saved and a vast amount of food-supply which was formerly allowed to decay and waste in the woods and fields may be made of use by those who cannot well afford to obtain the more expensive vegetables.

* * *

THE study of medicine as followed in the best medical schools is spread over a number of years, beginning with the foundation branches and ending in the last two years with the practical parts. While lectures of a didactic character may be necessary in part in the first and perhaps second years of the course, the laboratory work should form a large part of this half. After this, the didactic lecture should be put aside and cases should be intelligently and systematically followed in the wards and dispensary.

Didactic and Clinical Teaching.

The schools that insist on the didactic lectures to the end and have but one or two clinical lectures a day will hardly turn out the right kind of men. The making of good text-books and works intended to supplement the ward work can in a great measure take the place of the musty and often out-of-date didactic lecture which is given in a perfunctory manner. Medicine alone needs object teaching more than any other of the professions.

The proper study of mankind being man, it should be the duty of the medical school so to frame the course that the student, after he has mastered the rudiments, may study disease at the bed-side and after following out each symptom and sign, then to refer to, not read through, his books. In this manner of study, the treatment may be left to the last, but it should not be entirely neglected for the diagnosis. Americans living in Germany often have a German physician to make the diagnosis and then call in a practical American or Englishman to prescribe.

The student needs diagnosis and then, as he proceeds, efforts as to forecasting the probable outcome of the disease should be made, for in private practice it will be found out what value people put on the right prognosis. The general class of drugs to be used will be known by their physiological action and the doses are gradually acquired by constant prescription writing. It should never be forgotten that all books describe disease as it occurs on the average, and because a patient is ill he need not necessarily have one of the diseases as laid down in the books. There are atypical cases, and these as well as the typical ones can only be learned at the bed-side.

Therefore, the progressive school and one that wishes to turn out men fit to practice, and not theorists, will let the dry didactic lecture give place to bed-side teaching and clinical lectures, and the result will be that a student will be ready to practice when he graduates and will not have to sit in his office and wait for grey hair and venerable looks. The multiplicity of medical schools and the competition between the poorest ones do not elevate the standard of the medical profession.

* * *

AS in times past steam brought the more distant points into closer relations, so now rapid transit in cities and their suburbs tends to extend the boundaries of thickly settled districts and make cities larger. With this growth come accessions to the various trades and professions, which gradually organize themselves respectively into bodies for self protection and self-advancement.

Medical and Chirurgical Faculty.

The meeting of the State Society in Comberland next month should be one of the events in the life of the medical profession of this State. Cumberland is a city of no small size, representing Western Maryland, and the profession there is united in extending a hearty welcome to all those physicians who enter her hospitable doors at the Semi-Annual Meeting next month. These meetings are not only pleasant and profitable reunions, but much needed opportunities for rest and recreation by a hard-working profession.

* * *

WHEN royalty is ill, no means are spared to have the best medical treatment. In the two cases of the late Emperor Frederick of Germany and the Czar of Russia, the physicians from a great distance were employed in preference to those near at hand. This is complimentary to the one summoned, but must reflect on those near at hand and strengthen the belief that greatness lessens with propinquity.

MEDICAL ITEMS.

Small-pox has appeared in some towns in Pennsylvania.

Negro physicians will find occupation caring for their own race in the south.

The coroners in New York will probably give way to medical experts, as in Massachusetts.

The Paris Academy of Medicine is looking after the condition of the various bottled mineral waters.

The Southern Surgical and Gynecological Association will meet in Charleston, South Carolina, November 13.

Dr. Samuel J. Fort of Ellicott City attended the meetings of the Medical Society of Virginia as a delegate from the Medical and Chirurgical Faculty of Maryland.

Some advanced hospitals have a microscope in the operating room, so that a diagnosis may be made by the use of the freezing microtome before the operation is completed.

The publishers of the *Cincinnati Lancet-Clinic* say that they issued recently an edition of 150,000, the largest edition that has ever been put out of any medical journal, requiring a carload of paper.

The new Consumptive Hospital in New York is ready to receive patients. The hospital is founded for the reception of consumptive working girls especially, that they may receive treatment without the loss of time from their daily labor.

The Massachusetts General Hospital will build a model steam laundry to cost $10,000. There will be a sterilizing room where clothes are sterilized by steam under pressure and the soft soap used will be made from the kitchen grease of the hospital.

Dr. Wm. G. G. Willson, a retired physician of Easton, Maryland, died last Sunday in the seventy-sixth year of his age. Dr. Willson was graduated from the University of Pennsylvania in 1838. He was surgeon in the navy for four yeas and at the outbreak of the Mexican war he served as surgeon in the army. After that he practiced medicine in Easton. Dr. Willson's son, who was a graduate of the University of Maryland in 1876, and who also served as surgeon in the navy, died several years ago.

WASHINGTON NOTES.

At the regular meeting of the Medical Society of the District of Columbia, on Wednesday, October 17, Dr. S. S. Adams read a paper entitled "A Case of Unilateral Hypertrophy," and presented the patient. Also a paper by Dr. G. N. Acker, "Malformation of the Heart; Case and Specimen."

The regular monthly meeting of the Board of Directors of the Central Dispensary and Emergency Hospital was held on October 12. The honorable John W. Foster, ex-Secretary of State, and Col. John B. Wite were elected members of the Board. Col. Wite was immediately afterward elected Treasurer of the Hospital.

The Clinico-Pathological Society, which is composed of many of the brightest and most active young men of the city, held its regular annual business meeting on the night of October 16. Dr. T. R. Stone, the President, called the meeting to order. The following officers were elected: President, Dr. W. M. Sprigg; 1st Vice-President, Dr. H. B. Deale; 2nd Vice-President, Dr. John Van Rensselaer; Recording Secretary, Dr. R. T. Holden; Corresponding Secretary, Dr. R. M. Ellyson; Treasurer, Dr. Taliaferro Clark. After appointment of several committees by the President, the meeting adjourned.

The Washington Obstetrical and Gynecological Society, at its meeting on Friday evening, elected officers for the ensuing year as follows: President, Dr. H. D. Fry, who has just served one term; Vice-Presidents, Dr. S.S. Adams and Dr. G. Byrd Harrison; Recording Secretary, Dr. G. Wythe Cook; Treasurer, Dr. G. B. Harrison; Corresponding Secretary, Dr. W. S. Bowen; Business Committee, Drs. John T. Winter, F. S. Nash and E. L. Tompkins; Committee on Admissions, Drs. J. F. Scott, Llewelyn Eliot and H. L. E. Johnson; Publication Committee, Drs. H. B. Deale, W. M. Sprigg and G. Wythe Cook; Micoscopical Committee, Drs. G. N. Acker, W. S. Bowen and J. F. Scott. The following ex-presidents of the American Gynecological Society were elected honorary members of the Society: Drs. H. P. C. Wilson of Baltimore, John P. Reynolds of Boston, John Byrne of Brooklyn, Theophilus Parvin of Philadelphia, Wm. T. Lusk of New York and Mathew D. Mann of Buffalo.

BOOK REVIEWS.

TREATISE ON DIPHTHERIA. By Dr. H. Bourges. Translated by E. P. Hurd, M. D., Professor of Pathology in the College of Physicians and Surgeons, Boston, Mass. 1894. George S. Davis, Detroit, Mich. Demi 8vo. Pp. 173. Paper, 25 cents.

The subject of diphtheria has received so much attention of late and the advances in the study of that disease have been so marked, even in the past few months, that this book, which is just issued, is not up to date. The pathology of the disease is very well given and the Klebs-Loeffler bacillus receives credit as the cause of the disease ; also the toxines are mentioned, but the latest method of treating the disease by immunized serum naturally receives no mention. The book is very exhaustively written and the translator has added much in his preface. The methods of diagnosis hardly correspond to those in use in some of the large cities where the enterprising health authorities have made it possible for every physician to have a certain diagnosis in a short time. The small section at the end on the hygiene of convalescence is one which deserves attention.

HOME TREATMENT OF CATARRHS AND COLDS. By Leonard A. Dessar, M. D., Visiting Laryngologist to St. Mark's Hospital, and to Mount Sinai Hospital Dispensary, etc. Illustrated. New York : Home Series Publishing Co., P. O. Box 1406. 1894.

This book contains some very sensible hints and perhaps some persons could use it with benefit, but on the principle that it is dangerous to give children firearms as playthings, it is never a good idea to give the public ideas on self-treatment, especially with drugs ; for having little or no knowledge of drugs or of anatomy, they may do themselves harm and in the end become, as chronic cases, a constant source of income to the throat specialist.

REPRINTS, ETC., RECEIVED.

Skin Grafting for Malignancy of the Orbit. By Flavel B. Tiffany, M. D. Kansas City.

Ueber die Anwendung des Ichthyol bei Wunddruck der Füsse. Von Dr. Leopold Herz. Reprint aus dem *Aertztlichen Central-Anzeiger.*

Lectures on Various Subjects in Rectal and Gastro-Intestinal Surgery. By H. O. Walker, M. D. Reprinted from *Mathews' Medical Quarterly.*

CURRENT EDITORIAL COMMENT.

SMALL THINGS IN MEDICINE.

Kansas Medical Journal.

A PHYSICIAN'S popularity with the people often depends more upon his knowledge of little things than his ability to meet the great calamities of life. Women especially appreciate a physician's advice in regard to small matters.

PHYSICIAN'S CAPITAL.

Medical and Surgical Reporter.

THE physician's chief capital is the confidence of his patrons and that of the fellows of his profession. The one who by libelous or slanderous speech impairs or deprives him of this confidence is as much a wrong-doer as if he had deprived him of some specific article of property. The nature of these injuries excludes remedy by restitution. That cannot reach and correct the mischief done.

EXPERT TESTIMONY.

Southern California Practitioner.

THE average jury can have but little experience of expert testimony. With a jury, the confident statements of a mere tyro may outweigh the modest assertions of the true scientist. Again, as in this country, each side is accustomed to employ its own experts ; the mere fact that they are so paid often weakens the effect of their testimony, but it should not invalidate scientific statements. "Arguments are arguments," says Dr. Johnson. "You cannot help paying attention to their testimony if it is good."

CAREFUL THERAPEUTICS.

Southern Medical Record.

THIS is a utilitarian age. Men in all callings are discarding the useless, often the ornamental, and are holding fast only to short and quick methods. In the practice of medicine this spirit may go too far, and the tried and true may be cast aside for something whose only claim to recognition is its novelty. We fear that in the matter of therapeutics the profession has, in many instances, made this mistake, and it might be well for us to pause and look thoughtfully into the question of the medicines we are using. It is no easy matter to sift the good from the bad in the application of remedies to diseased conditions. Medicine, above all arts, should be progressive, but it should also be conservative in its progress.

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXII.—No. 3. BALTIMORE, NOVEMBER 3, 1894. Whole No. 710

ORIGINAL ARTICLES.

TUBERCULAR PERITONITIS.

By J. Whitridge Williams, M. D.,
Associate in Obstetrics, Johns Hopkins University.

Within the past decade the views commonly held concerning tubercular peritonitis have undergone a marked revolution, so that it is no longer regarded as an incurable affection, but rather as one in which appropriate treatment not infrequently leads to a permanent cure.

In the present article we shall endeavor to present our subject as practically as possible, laying the greatest stress upon the etiology, clinical history, and diagnosis of the affection, in the hope that it may prove of value at the bedside. At the same time we must express in advance our regret that the nature of the disease will prevent our considering it in the clear-cut and definite manner which is so essential to the ready recognition of any affection.

Anatomical Characteristics.—The anatomical characteristics of tuberculosis of the peritoneum do not differ essentially from those of tuberculosis occurring in other portions of the body, and we may observe in the peritoneum those forms with which we are all familiar as occurring in the lungs. Accordingly, we find tubercular peritonitis occurring as (1) miliary tuberculosis, (2) chronic diffuse tuberculosis, and (3) fibroid tuberculosis. Many of the changes which lead to the production of the characteristic (?) symptoms of the affection are due to changes which may occur in the peritoneum altogether independently of the tubercular process.

In speaking of miliary tuberculosis of the peritoneum it is usual to exclude those cases in which the process is merely a part of an acute general miliary tuberculosis, for in these cases it does not give rise to symptoms particularly referable to the peritoneum. It is not infrequent, however, to find the surface of the peritoneum studded by varying quantities of small miliary elevations, which may vary in color from grey to yellow, and in size from a pin's point to a millet-seed. This form, to which the term miliary tubercular peritonitis is applied, is frequently met with. It usually represents the first stage of tubercular peritonitis, and may be confined to a very limited area of the peritoneum or may extend entirely over its surface, covering both the parietal and the visceral layer. The peritoneum between the individual tubercles may present a perfectly normal appearance or may be the seat of more or less extensive inflammatory changes.

This form of peritonitis is not infrequently accompanied by a considerable amount of exudation. The miliary tubercles may increase in quantity and size, and, coalescing, form larger or smaller aggregations, which undergo caseation and break down, forming ulcerations; while the tissue between them becomes converted into diffuse tuberculous tissue, and in this event we have to deal with the chronic and ulcerating form of the disease.

In this form of tubercular peritonitis the affected portions are covered with caseous material, and, by the formation of diffuse tuberculous tissue and the inflammatory changes which usually accompany it, the peritoneum becomes markedly thickened, and may often be stripped off in thick layers. Associated with this there is usually a marked formation of adhesions between the affected portions of the peritoneum and the surrounding structures.

Chronic fibroid tuberculosis is either the result of a conservative process, by which nature attempts to get rid of the miliary tubercles by the formation of connective tissue within them, or represents a very chronic process, in which the tubercles contain a very much greater amount of fibrous tissue than is usually the case. In this form the tubercles are usually quite small, very hard and white, and sometimes pigmented. This represents either the most chronic form of tubercular peritonitis, or the more acute form in the process of healing.

The tubercular process in many cases appears to be particularly well marked in certain portions of the peritoneal cavity, and is frequently much more intense either just beneath the diaphragm or in the pelvis, for both these locations appear to offer particularly favorable situations for the action of tubercle bacilli, as will be shown when considering the etiology of the disease.

As stated above, the tubercular process is frequently accompanied by inflammatory changes. These may manifest themselves either by giving rise to a fibrinous adhesive peritonitis or by an excessive production of new connective tissue. This tendency to the formation of adhesions is one of the most important characteristics of the disease ; and, while it is not essentially different from that observed in non-tubercular forms of chronic peritonitis, it often gives rise to many of the most interesting features of the disease and not infrequently plays an important part in its healing.

The formation of adhesions is subject to many variations, and may vary from a few insignificant thread-like adhesions, which do no harm, to a general fusion of all the abdominal organs into a single mass, in which it is almost impossible to distinguish the component parts. The most frequent seat for adhesions is between the intestines or between the upper surface of the liver and the diaphragm, though they may occur between any or all of the abdominal organs.

According to Schmalmack and Philipps, marked adhesions occurred in thirty and forty-five per cent., respectively, of the cases of tubercular peritonitis coming to autopsy at Kiel and Göttingen, and we found the intestines markedly adherent in five out of eleven cases, or forty-five per cent.

Adhesions play a marked part in the production of the various tumor formations which are met with in this disease and occasionally in simple chronic peritonitis.

It is perfectly evident that bands of adhesions may lead to strangulation of portions of the intestines, with the production of acute or chronic ileus. It is also evident that adhesion of the intestines to one another predisposes to their perforation by peritoneal ulcerative processes ; but, at the same time, it cannot be denied that the formation of adhesions is usually a conservative process and is intended to encapsulate diseased tissue and thus prevent further infection.

Not infrequently a considerable amount of exudation is poured out during the progress of the disease. This may vary from a simple serous effusion to a markedly purulent exudate, according to the pathological condition present in any given case. The exudate is not infrequently hemorrhagic. In quantity it may vary from a few cubic centimeters to an effusion of five or six litres or more, but it usually does not exceed a few litres.

It is generally considered to be one of the most constant symptoms of tubercular peritonitis, and Schmalmack agrees with the usual opinion ; on the other hand, Osler states "that ascites is a frequent symptom, but does not, as a rule, become very marked ;" and Biat found marked ascites in only thirteen out of eighty-one observations. This latter

statement is in accord with our observation, for of eleven autopsies effusion was noted only in three, in one case amounting to fifteen hundred cubic centimeters and in the others to only three hundred and seventy-five cubic centimeters respectively.

The importance of the presence of effusion in cases in which there is a tendency to the formation of adhesions cannot be overestimated, for it very frequently results in the retention and encapsulation of some of the fluid between adherent masses of intestines or other viscera, with the production of cystic formations, which may simulate tumors of the ovary, kidney, or gall-bladder, and readily lead to a mistaken diagnosis.

The formation of adhesions, but particularly the contraction which follows simple chronic as well as tubercular peritonitis, not infrequently leads to the retraction and rolling up of the omentum and the formation of a more or less solid mass occupying the upper part of the abdominal cavity, which may be readily palpated during life. We are indebted to Osler for calling the attention of the practicing physician to this fact, though the occurrence of such omental tumors has long been known to pathologists.

A similar process occurring in the mesentery may cause it to become greatly contracted and thus retract the more or less adherent intestines into a comparatively small mass, which may be also palpated from without and give the sensation of a tumor. We have met with one such case in our autopsy records, and in another case of tubercular peritonitis the mechanism by which the mesentery was being retracted was perfectly evident, for the portions of mesentery surrounding the various tubercles presented a radiate puckered appearance as if they were being drawn in towards the tubercles by cicatricial contraction.

The tubercular process is sometimes practically limited to the peritoneum, without involving other organs. Osler observed five such cases in seventeen autopsies on cases of tubercular peritonitis, Schmalmack five in fifty-four autopsies, and we have found one such case in eleven autopsies. In another of our cases the process was apparently limited to the peritoneum and the retroperitoneal glands. Such cases are of great interest in connection with the question of operation.

On the other hand, in the great majority of cases the tuberculosis is not limited to the peritoneum, but has usually extended to other organs, or, as is more frequently the case, the peritoneal affection is secondary to tuberculosis elsewhere. Thus, Borschke in two hundred and twenty-six autopsies performed at Breslau upon cases of tubercular peritonitis did not find a single instance in which the peritoneal tuberculosis was isolated, and in forty-six cases from Munich, Mustermann found only a single case of isolated tubercular peritonitis.

The mesenteric glands are very frequently affected, either primarily or secondarily, and in some rare instances may become so enlarged that they may be felt during life as tumors of considerable size, as in a case mentioned by Andral. In advanced cases of tubercular peritonitis there is usually marked tubercular peri-hepatitis and peri-splenitis, when the formation of false membranes of great thickness not infrequently results. The tuberculosis usually remains limited to the surface of these organs, and occurs in their interior only when general infection through the blood or lymph passages has occurred.

Tuberculosis of the Fallopian tubes frequently complicates tubercular peritonitis, and will be discussed further on.

Tuberculosis frequently extends from the peritoneum to the pleuræ, either by the passage of bacilli or small portions of tuberculous material through the lymphatics of the diaphragm, or directly by its perforation.

Occasionally the peritoneal affection may be complicated by tubercular pericarditis, which may or may not be combined with a tubercular pleurisy. This combination occurs so frequently that the cases have been grouped together and placed in a special category, by Weigert from a pathological and by Vierordt from a clinical standpoint, under the

heading, tuberculosis of the serous membranes. In some instances the peritoneal affection may lead to general infection, with the production of general miliary tuberculosis. This, however, is but rarely observed ; its rarity, according to Weigert, being due to the rapid occlusion of the lymphatics of the peritoneum by the inflammatory process.

In a considerable number of cases cirrhosis of the liver occurs as a complication of tubercular peritonitis, and may be either older or younger than the peritoneal process. According to Wagner, who has carefully studied the subject, Seifert found cirrhosis of the liver in from fourteen to fifteen per cent. of all cases of tubercular peritonitis.

In a considerable number of cases there is a marked hyperplasia of the spleen, independent of any tubercular disease. This was noted in about one-third of all the autopsies of Vierordt and Wagner, and considerable stress has been laid upon it by Edebohls as an aid to diagnosis. Unfortunately, we are unable to give our own figures as to its frequency, and can only say that it is observed in a considerable number of cases.

In three of our eleven cases more or less general arterio-sclerosis was observed. In one case all the symptoms were referable to it, and the tubercular peritonitis was discovered only at autopsy. Of course the arterial disease is not the result of the peritoneal affection, but is it not possible that in some instances the former may act as a predisposing cause for the latter ?

Etiology.—As stated when considering its anatomical characteristics, tubercular peritonitis is nearly always secondary to tuberculosis elsewhere ; and, from a practical diagnostic standpoint, its secondary nature cannot be too strongly insisted upon.

The causes of peritoneal tuberculosis may be of two classes, predisposing and actual. Among the predisposing causes should be reckoned all those conditions which are likely to render the peritoneum more susceptible to infection by the tubercle bacillus, and in general any condition which lessens the resisting power of the peritoneum may be said to be a predisposing cause.

The best-known affection in this connection is cirrhosis of the liver. Its frequent combination with tubercular peritonitis was pointed out by Weigert and Wagner ; it is of far too frequent occurrence to be purely accidental, and, as the hepatic affection is generally of older date than the tubercular peritonitis, it is natural to suppose that it stands in some sort of causal relation to it. Weigert considers that it exerts its influence by interfering with the portal circulation.

As is well known, apparently idiopathic peritonitis is occasionally observed as a sequel to chronic Bright's disease, and in these cases evidently all that is needed for the production of tubercular peritonitis is the introduction of tubercle bacilli.

To us it appears more than probable that general arterio-sclerosis may occasionally be a predisposing cause for the disease. As stated above, it was observed three times in eleven autopsies. In one case the clinical diagnosis was arterio-sclerosis, and during life there was absolutely no suspicion of tubercular peritonitis, which was discovered only at autopsy, when marked arterio-sclerosis was found together with tuberculosis of the peritoneum and the post-peritoneal glands. The affection in this case was apparently primary in the peritoneum. When we consider the clinical history of general arterio-sclerosis, we readily see that conditions are present which render it not unlikely that this affection may prepare the way for tubercular infection of the peritoneum.

The actual cause of all tubercular peritonitis is the tubercle bacillus, and in considering the etiology of the affection we have chiefly to consider how the bacilli gain access to the peritoneal cavity and whence they come.

It is evident, when the anatomical arrangement of the peritoneum is considered, that it is particularly unfavorably situated for the occurrence of direct infection from the outside world. On all sides it is surrounded by the abdominal walls and the various viscera, through

which bacilli must pass if they are to gain access to it, and its only communication with the outside world is through the genital tract in the female. Accordingly, in the male direct infection from without is an impossibility, and in the female it is possible only when bacilli have made their way from the vulva to the fimbriated extremity of the Fallopian tube. When we consider the conditions which the bacilli meet in the tubes, is it not far more likely that they would be arrested in them and give rise to a primary tubal tuberculosis, which might in turn lead to a secondary tubercular peritonitis, than that they should leave unaffected the tubes, which we know to be susceptible to tuberculosis, and reach the peritoneum and there give rise to a primary infection ?

As direct infection from the outside world is practically impossible, the only modes by which tubercle bacilli can gain access to the peritoneal cavity are (1) by penetrating the various tissues or viscera separating the peritoneum from the outside world, (2) by primary infection of the peritoneum through the blood, (3) from foci of tuberculosis already existing in the body.

Infection by the first method must be rare, though its possibility must be allowed. That tubercle bacilli can pass through mucous membranes and infect even remote parts without producing primary tuberculosis at the point of entrance is generally acknowledged. For this reason it is possible that in some cases tubercle bacilli may get into the tissues of the intestine through a small abrasion in the mucous membrane and thus reach the peritoneum.

The second method offers the only explanation for a considerable number of cases where careful search at autopsy shows no focus of tuberculosis other than the process in the peritoneum. Just as with the so-called idiopathic peritonitis occasionally met with in connection with chronic nephritis, so in these cases we are forced to the conclusion that the peritoneum has proved *locus minoris resistentiæ* for tubercle bacilli that have gained access to the blood by means of the respiratory or the digestive tract. In the case of tubercular peritonitis with arterio-sclerosis mentioned above, this is the only satisfactory explanation for an apparently primary peritoneal tuberculosis. Primary lung, pleural, meningeal, glandular, and bone tuberculosis must be explained in this way, and why not peritoneal ?

But by far the greater number of cases of tubercular peritonitis occur as secondary infections from primary foci of tuberculosis in other portions of the body. A primary focus may be very small and may be easily overlooked at the autopsy. A single tuberculous lymph-gland may be the source of infection for an extensive peritoneal tuberculosis. Nevertheless, we cannot agree with the view taken by Weigert in his article on tuberculosis of serous membranes, that the process in the peritoneum is always secondary, assuming that if a primary focus is not discovered it has been overlooked.

In this connection should be mentioned the theory of Baumgarten and his followers, who hold that the tubercle bacillus itself can be inherited. For this placental tuberculosis is not regarded as necessary. The doctrine of this school is that a child born of a tuberculous woman may have tubercle bacilli in its tissues at birth without the presence of tubercles, and that these organisms may lie quiescent in their host for months and even for years and finally, under conditions favorable for their growth and multiplication, give rise to tuberculosis.

This doctrine has lately gained strength through the experiences of Gärtner and Mafucci. The first-named found that inoculation into the guinea-pig of a considerable portion of the organs of a fetus born of a tuberculous woman, although they contain no demonstrable tuberculosis, was followed by tuberculosis. Mafucci, on inoculating tubercle bacilli into the outer stratum of the white of hen's eggs, found that the chickens hatched from these eggs died of tuberculosis. Baumgarten repeated these experiments, using twelve eggs. Of the two chickens that were hatched

out alive, both died of tuberculosis several months after. These chickens were apparently well and healthy during the first few weeks of life, but later gradually wasted away and died. The explanation is that the tubercle bacilli reached the chick by means of the vitelline membrane. It is interesting to note that these chickens, although great pains were taken to avoid the possibility of other means of infection, as through the digestive tract, showed at autopsy an extensive, comparatively old, tubercular peritonitis. It seems very probable that these chickens were free from tuberculosis when hatched, and that it was only after a time that the bacilli in their tissues overcame the resistance offered. We are prepared to believe that infection by means of inherited tubercle bacilli may hold good for some cases of tubercular peritonitis in human beings born of tuberculous mothers, but we cannot accept the extreme views of the Baumgarten school, who would, it seems, leave little room for primary infection with tuberculosis.

Having thus shown that tubercular peritonitis is usually due to tuberculosis elsewhere in the body, we shall now proceed to mention the most usual sources of infection.

The peritoneum is not infrequently affected in the course of a general miliary tuberculosis, but the fact that it is usually not affected in this disease serves to show that the usual mode of infection is not through the blood-supply, but is rather to be sought in the more or less transmission of tubercle bacilli from some of the neighboring organs.

It is well known that tubercular peritonitis is frequently associated with pulmonary tuberculosis, and in a large number of cases its involvement can be explained only by blood-infection. Of Philipps's one hundred and seven autopsies, in only eight were the lungs absolutely normal. A very small area of tuberculosis in one lung may be the primary focus of extensive peritoneal tuberculosis.

In a considerable number of cases infection is more readily explained by an extension of the process to the pleuræ, from which, in turn, the peritoneal infection occurs, by means of the lymphatics of the diaphragm. That infection from the pleuræ frequently occurs is positively demonstrated in the cases in which the peritoneal involvement is limited to that portion covering the inferior surface of the diaphragm and the superior surface of the liver. This mode of infection has been considered in detail by Boulland, Vierordt, and Weigert; and the combination of tubercular pleuritis and peritonitis is so frequently observed that Spillman has placed such cases in a special category, under the name of "tuberculose péritoneo-pleurale." This was the mode of infection in two of our eleven cases, and must be regarded as one of the frequent modes of peritoneal infection. The pleuræ may become infected from the peritoneum, just as well as the peritoneum from the pleuræ, and it is thus readily understood how tuberculous pleuritis and peritonitis frequently occur together.

Tuberculosis of the intestines offers one of the most frequent modes of peritoneal infection, and is pre-eminently the mode of infection in children. In eighty of Philipps's one hundred and seven cases intestinal tuberculosis was noted. It is evident that the direct perforation of a tubercular intestinal ulcer would lead to the production of a fatal septic peritonitis, unless it were previously prepared for by the adhesion of the affected portion of the bowel to other structures, when it would in all probability give rise to a tubercular peritonitis. Perforation of the tuberculous ulcer is not, however, necessary for its production, for it is a common observation that crops of miliary tubercles frequently appear on the peritoneal surface of the intestine over the site of tubercular ulcers, and infection of the entire peritoneum may readily result from them.

In very rare instances is it possible that bacilli may make their way from intestinal ulcers into the peritoneal cavity without the preliminary formation of miliary tubercles over the site of the

ulcers. The possibility of this mode of infection is strengthened by an observation of Jani, who demonstrated tubercle bacilli between the folds of a normal Fallopian tube in a woman dead of pulmonary and intestinal tuberculosis, but who showed no signs of peritoneal involvement. This observation certainly suggests that bacilli may gain access to the peritoneal cavity in this way, and give rise to tubercular peritonitis.

A very frequent mode of infection is through tuberculous mesenteric, retro-peritoneal, and other lymphatic glands. Of these, tuberculosis of the mesenteric glands is by far the most important, for it is well known how often they are the seat of tuberculosis, especially in children. They are always involved in intestinal tuberculosis, and in many cases may readily give rise to tubercular infection, without perforation of the intestines. Then, too, they are not infrequently diseased without any involvement of the intestines, as in the so-called tabes mesenterica.

Recent experiments, in which animals were fed with tuberculous milk, demonstrated that bacilli may pass through the intestinal walls without infecting them and give rise to tuberculosis of the mesenteric glands.

The frequency of glandular infection should not be lost sight of in the cases in which one is apparently unable to find any primary area of tuberculosis as the starting-point for the peritoneal infection. In the same way, infection may result from tuberculous retro-peritoneal and mediastinal glands.

Most of the recent writers upon the subject lay great stress upon the important part played by tuberculosis of the female generative organs in the production of tubercular peritonitis, and state that the process is usually primary in the tubes. This statement is made by Schmalmack, Osler, and Lindner, and endorsed by nearly all the gynecologists who have written on the subject.

We do not wish to be understood as denying that peritoneal infection may result from primary genital tuberculosis; for in our monograph on "Tuberculosis of the Female Generative Organs" we adduced abundant proof showing that primary genital tuberculosis does occur, and if it occurs, no one can deny that it may infect the peritoneum. But we *do* wish to protest against the general belief that it is one of the most frequent causes of peritoneal infection. In our monograph we clearly showed that tuberculosis of the Fallopian tubes is far more frequently of secondary than of primary origin, and that when it occurs in combination with tubercular peritonitis it is far more often the result of than the cause of the latter. The fact that the fimbriated extremity of the tube is the portion most frequently affected is of itself evidence in favor of its secondary origin, and in several cases of tubercular peritonitis we have found tubercles on the exterior of the tube and its fimbriated end, but none in its interior, showing that the process was extending from above downward.

Sänger, in his recent article (1892) "Ueber die allgemeinen Ursachen der Frauenkrankheiten," takes the same view, and states that the great majority of cases of tubal tuberculosis are of secondary origin.

Borschke, in his article (1892) on the pathogenesis of tubercular peritonitis, based upon the Breslau autopsy records for sixteen years, states that he found twenty-four cases of uro-genital tuberculosis in women combined with tubercular peritonitis, and that "in nearly all of them there was a marked primary tuberculosis of the lungs, in twelve cases complicated with marked intestinal affection, and that he did not find a single case in which he could consider the genital affection as primary."

We repeat once more that tubal tuberculosis is occasionally the cause of tubercular peritonitis; but in the great majority of cases the reverse is the case, and the genital tuberculosis is secondary to the process in the peritoneum.

Peritoneal tuberculosis is occasionally secondary to tuberculosis of the urinary tract, as in cases reported by Schmalmack and Philipps.

It may also be secondary to tuberculous processes in the vertebral column or pelvic bones. In one of our cases, in

which the woman died after the excision of a tuberculous hip-joint, a crop of miliary tubercles was observed on the pelvic peritoneum immediately over the acetabulum of the affected side, while the rest of the peritoneum remained intact.

To demonstrate more fully the diversity of the modes of infection, we give the apparent source of infection in our eleven cases, in which careful autopsies were made. Infection might be traced from tuberculosis of the hip-joint in one case, of the Fallopian tubes in two cases, of the pleuræ in two cases, of the intestines in two cases, of the lungs (blood) in one case, of the mesenteric glands in one case, and in two cases the peritoneal process was apparently primary, one of them occurring in a case of general arterio-sclerosis. These figures do not attempt to represent the relative frequency of the various modes of infection, for they are based upon too small a number of cases to be of any statistical value.

Frequency.—Owing to the fact that tubercular peritonitis is far more frequently of secondary than of primary origin, it is extremely difficult from a clinical standpoint to arrive at accurate conclusions as to its frequency.

That the affection is not of infrequent occurrence is demonstrated by the figures of Lindner, who was able in 1892 to collect from the literature two hundred and five cases in which laparotomy had been performed for it. When we consider that the great majority of these operations have been performed since the year 1884, when König's first paper upon the subject appeared, and that the figures do not begin to cover the actual number of cases operated upon, it is evident that the affection is a frequent one.

Autopsy records also show that it occurs very often; for example, in 480 autopsies we met with 11 cases, 2.3 per cent. Schmalmack in 5425 autopsies met with 54 cases, or 1 per cent.; Mustermann in 2837 autopsies met with 46 cases, or 1.6 per cent.; Philipps in 2230 autopsies met with 107 cases, or 4.8 per cent.; Borschke in 4250 autopsies met with 226 cases, or 5.4 per cent.

In other words, in 15,222 autopsies from Baltimore, Kiel, Munich, Göttingen, and Breslau, 444 cases of tubercular peritonitis were observed, or 2.9 per cent. There is no doubt that a considerable number of the cases included in these figures were completely masked by the symptoms of far advanced tuberculosis of other organs, or gave rise to no symptoms whatever, and so possessed no clinical interest; but, at the same time, it cannot be denied that a very considerable portion remains in which the disease must assume clinical importance.

Sex.—A priori there appears no reason why tubercular peritonitis should be much more frequent in persons of one sex than in those of the other, but nearly all the more recent writers upon the subject state that it occurs with far greater frequency in females. For example, Osler says that "the disease is certainly more frequent among females."

A casual consideration of the recent figures upon the subject, especially those based upon operative work, would certainly lead to this conclusion. For Osler states that his cases combined with those of Boulland, Häne, and Maurange show one hundred and thirty-one females and sixty males. König's statistics (1890) show that of one hundred and thirty-one laparotomies performed for the affection, one hundred and twenty were in women and only eleven in males, or 9 per cent., and of the one hundred and eighty-six operative cases collected by Lindner (1892), in which the sex was mentioned, one hundred and sixty-five were in women, and twenty-one, or 11.3 per cent., in men. This certainly appears conclusive enough; but, when we come to consider the question from the standpoint of statistics based upon large numbers of autopsies, we are surprised to find that they usually present as great a preponderance of males over females as the operative statistics show of females over males. Thus, the statistics of Philipps above referred to show that of one hundred and seven autopsies upon tubercular peritonitis, 83.2 per cent. were in men and only 16.8 per cent. in women; and of Mustermann's forty-six autopsies,

72 per cent. were in men and 28 per cent. in women. It is thus seen that the statistics from these two sources absolutely contradict one another, and it is evident that statements based upon statistics from either source cannot truly represent the relative frequency with which the sexes are affected.

Lindner attempts to explain these very contradictory results by supposing that most of the cases occurring in males are secondary and occur late in the course of the primary disease and have their symptoms so masked by it that they pass unrecognized, while tubercular peritonitis occurring in women is more often primary, and when it is secondary it occurs earlier and so is recognized and operated upon. This explanation is, however, unsatisfactory; for it presupposes a totally different course of the disease in the two sexes, in support of which no clinical evidence can be adduced.

To us, however, this apparent contradiction is readily susceptible of explanation. In the first place, it is well known that tubercular peritonitis is very frequently latent and may give rise to no symptoms whatever, and, in the second place, it is also known that in the great majority of operative cases laparotomy was performed for some other indication than tubercular peritonitis, whose discovery was a source of surprise to the operator.

When we consider how often latent tubercular peritonitis is combined with ovarian tumors or other diseases of the tubes and ovaries, and that it would have escaped detection had not the ovarian disease itself called for laparotomy, and also the fact that laparotomy is rarely performed in females except for some disease of the genitals, it becomes evident that latent cases are much more frequently discovered in the female than in the male; and it is probable that a much greater number of these cases would be discovered in men if they were subjected to laparotomy for any cause as frequently as women. If we bear these considerations in mind in considering the operative statistics, the disproportion between the sexes will disappear to a great extent.

Moreover, in drawing conclusions from autopsy statistics, we generally overlook the fact that in most autopsy material the males exceed the females to a considerable extent. Do they not frequently stand in a ratio of three to one? Schmalmack took this fact into consideration in his statistics, and in consequence was able to state "that the preponderance of males was only apparent." Of his fifty-four cases thirty-three were in males and twenty-one in females, a marked difference in favor of the males. The ratio between the number of males to females coming to autopsy at Kiel is as three to two; and, taking this into consideration, he found that the two sexes were relatively equally represented. Of our eleven cases six were in males and five in females.

One of the frequent explanations for the apparent excess of cases in females is that they are the result of primary genital tuberculosis, while men are not exposed to that source of infection to nearly the same extent. As we have shown above, genital tuberculosis is more frequently the result than the cause of tubercular peritonitis, and consequently this apparently plausible explanation is without foundation.

For the reasons already advanced, and from our own observations, we believe that we are justified in agreeing with Schmalmack that the contradiction is only apparent, and that the disease occurs with about equal frequency in both sexes.

Age.—Tubercular peritonitis may occur at any age. It is common in children, and is occasionally observed in very aged persons. It appears to be most frequent in adult life, between the twentieth and fortieth years. Three hundred and fifty-seven cases collected from various sources and analyzed by Osler give the following result:

Under ten years there were twenty-seven cases, between ten and twenty years seventy-five cases, between twenty and thirty years eighty-seven cases, between thirty and forty years seventy-one cases, between forty and fifty years sixty-one cases, between fifty and sixty years nineteen cases, between sixty and seventy years four cases, above seventy

years two cases. Of our cases the youngest was eight and the oldest sixty-four years of age, the average being thirty-one years.

Race.—Just as tuberculosis in general occurs with greater frequency in the negro race, so also does tubercular peritonitis. Of our eleven cases eight occurred in negroes and only three in whites. We regret that we are unable to bring forward the figures of others in support of our own, but we must be content with stating that our experience coincides with that of most medical men in regions where negroes abound.

(TO BE CONTINUED.)

THE NOSE AS A CAUSE OF DISEASE.

By Louis J. Lautenbach, M. D.,

Surgeon to the Pennsylvania Eye and Ear Infirmary; Throat and Nose Physician to Odd Fellow's Home, etc.; late Chief of Eye and Ear Clinic, German Hospital.

HITHERTO the nose has been rather a neglected organ. It has only been of recent years that we have begun to learn of the influence it exerts upon even remote parts of the body. That this neglect has occasioned a great deal of suffering which could have been prevented is evident to all who have devoted themselves to nasal medicine. Unfortunately, nasal troubles being rarely accompanied by pain, are, in consequence, too often neglected by the physician as well as the patient, and a difficulty which might have been easily curable at first, occasions a condition which may remain through life and even terminate in death. Naturally, those organs are affected which are either anatomically or functionally connected with the nose. It is connected anatomically with the organs of sight and hearing, with the throat and lungs as well as the cerebrum; indeed, the olfactory nerve is but a bulbous elongation of cerebral tissue containing gray matter.

Functionally, it is to be considered not only as a sense organ, but as having imposed upon it other duties. It drains the tears from the eyes, and through the eustachian tube, the mucous secretions from the ears; it aids in the function of hearing by allowing the sound to pass freely up the eustachian tube; it prepares the air for the lungs by moistening and heating it and cleansing it from particles of dust; and in some way, as yet unknown to us, exercises some control over the faculty of memory.

Considering the intimate relation existing between the nose and these other parts, it is easy to understand how widespread, and how subtle and yet serious, may be the mischief occasioned by neglected disease of this organ.

Perhaps nowhere is its influence more often discernible than upon the air passages. Pharyngitis, tonsillitis, laryngitis, bronchitis, and even asthma, pneumonia and pleurisy are traceable directly to a want of the proper performance of the nasal functions as well as to a direct extension of the nasal inflammation. Pharyngitis and tonsillitis are often occasioned or aggravated by the irritation of the nasal discharges flowing constantly over the posterior wall of the pharynx. Simple catarrhal laryngitis and bronchitis are rarely found except in connection with head colds, and they are very difficult to cure, unless the nasal conditions be relieved; in fact unless these are relieved, the bronchial and laryngeal inflammations are prone to recurrence. How often do we hear of children who are, as we say, subject to bronchitis! Unless this tendency is checked, the child is apt to be stunted in his full growth, and in addition will probably show some chest weakness throughout life. Fully nineteen out of twenty such cases can be cured only by careful, systematic treatment of the nose in connection with the chest trouble. Pneumonia and pleurisy, when occasioned by nose disease, usually originate through mouth-breathing, preventing the proper preparation of the inspired air. This is more frequently the cause of these diseases than it is usually considered to be. That this want of proper

Medical and Chirurgical Faculty of Maryland LIBRARY

preparation is very dangerous is shown by the fact that the operation of tracheotomy is almost invariably followed by a pneumonia. It is true that by this operation the air is carried more directly to the chest than by mouth-breathing, but mouth-breathing exerts precisely the same influence as the tracheotomy tube, except only in a more limited degree. In mouth-breathing the surface over which the air passes, before it enters the lungs, is diminished to perhaps a little over half the normal, whereas after the operation of tracheotomy, it is diminished to less than one-third normal.

What proportion of cases of asthma are caused directly and indirectly by nose disease, I have no means of knowing. That, however, it is not an infrequent cause, has been taught me by experience. Quite a large number of cases of asthma present markedly abnormal conditions, particularly bony and mucous hypertrophies, occasionally combined with polypi. I have been fortunate in all the cases which I have treated in at least relieving the asthmatic condition and, in a large proportion, curing it by careful nose treatment.

Perhaps next in frequency to the diseases of the air passages thus occasioned, are the stomachic and often the consequent intestinal disorders; children, particularly infants, are especially the sufferers. The nose colds are accompanied by profuse discharges which are not gotten rid of by the mouth, as is usually the case with adults, but are swallowed and, fermenting in the stomach, give rise to cramp-like pains, vomiting and intestinal disorders, the food not being digested in consequence of the irritation of the stomach and intestinal walls by the products of fermentation. In this way arise many of the cases of inanition, cholera infantum, etc. In the adult, either through neglect or more often through the passing of the mucous discharge down the esophagus during sleep, we are apt to have flatulent dyspepsia and an acid stomach; when the cause is unrecognized, these cases progress for years, until the disease is well nigh incurable, on account of the changes which have occurred in the walls of the stomach, through the constant irritation by the ferments produced.

All practitioners well know that most diseases of the ears proceed either from an extension of nasal catarrh, or result from the closure of the nose, which prevents the proper ventilation of the ear and the flow of mucus through the eustachian tube. In this way, a closure of the tube is produced which results in an inflammation of the middle ear, often with involvement and perforation of the drum head, and even extension of the inflammation to the mastoid cells. These conditions are more prone to occur in the infant than in the adult, as the eustachian tube, being so much smaller, is more easily occluded, and again, the bony walls being much thinner and more porous, favor the ready extension of septic influences.

Upon the eye the nose exerts its influence by an extension of the inflammation up the ductus ad nasum, as well as by occlusion of the same. Thus are caused lachrymal abscesses and epiphora, catarrhal conjunctivitis as well as corneal troubles. Some authorities consider that phlyctenular conjunctivitis may be thus occasioned. I have frequently relieved severe persistent pain of the eyeball, as well as cases of asthenopia, by nose treatment, after the most careful eye treatment had failed.

Eczemas of the face, observed in patients suffering with nasal catarrh, especially as found in children, are rarely curable unless the nose is restored to its normal condition.

As illustrating cerebral symptoms occasioned by nose disease, I will mention severe, persistent headache, giddiness, loss of memory and of ambition, and a generally demoralized condition of the mental faculties; all of these, in many instances, have been relieved by nose treatment. Perhaps the most marked and noticeable of these symptoms is the loss of memory, as it is now a well established fact that nasal troubles often profoundly influence this faculty. Perhaps there is no class of patients who are more grateful when relieved then those who are thus affected. The failure of memory, seeming to threaten the very found-

ations of the soul, brings close to the patient the possibility of that faculty being lost which enables him to be in close communion with his fellow man—rationalism (or sanity). I am at present treating a most marked case of this kind. She feels as if she were already half insane; fortunately, decided improvement has occurred as a result of the treatment of the nose.

Even in epilepsy it is sometimes the determining factor. I know of two cases in whom the spasms disappeared, after careful nose treatment.

Hay fever, the exact pathology of which is as yet somewhat in doubt, which exhibits phenomena attributable to the nervous system, as well as such as originate in the air passages, has, in numerous instances, been cured by the removal of hypertrophies and polypi from the nostrils, and the contraction of the soft, congested, elastic nasal tissues.

In cases of general ill health of a mild type, presenting often some irritability of the throat, some slight stomachic disorder, particularly flatulency with a tendency to constipation, with a sodden, colorless skin inclined to be cold, with an inaptitude for exertion, especially mental effort, it will occasionally be found that these symptoms arise from partial nasal occlusion, with night mouth-breathing and consequent deficient oxygenation of the blood.

I trust even these few cursory remarks will prove the importance of the more frequent examination of the nose and its subsequent judicious treament.

In all diseases of the ears should this examination be made. It will prove valuable in many cases of disease of the upper air passages as well as of the chest; particularly will its value be appreciated in studying these diseases in children. In cases of stomachic and intestinal disorders, the procedure should not be neglected. With children it should invariably be made. It is essential in many cases of disease of the eyes. I believe it should not be omitted in obscure cerebral diseases, particularly if there be loss of memory. In obscure cases of ill health without any marked lesion, this examination should be made and will occasionally prove of great value.

In concluding the subject I will say that if the nasal examination and treatment advocated be made in the class of cases here indicated, I feel assured that the success resulting from treatment will be greater than in the past, and unexpected and gratifying improvement will sometimes occur in cases that had failed to respond to one's best energies.

Menthol in Diphtheria.—F. Kastorsky (*British Medical Journal*) reports 37 cases of diphtheria (in three adults and 34 children) treated and cured by painting with a ten per cent. alcoholic solution of menthol. The paintings (by means of a piece of cotton wool) were usually carried out three times daily. In some cases, however, a single free application was followed by complete disappearance of false membranes within two days. A marked improvement in the patient's general condition was invariably noticed from the beginning of the treatment. The same simple method was successfully practiced by the author in numerous cases of anginas of various forms, and by Trütovsky in a group of cases of scarlatinal diphtheria.

New Test for Bile Pigment.—A portion of the urine is poured into the test-tube, which is held inclined. Two to three c.c. of a solution consisting of ten parts of officinal tincture of iodine mixed with 90 parts of alcohol are then poured in with great care, so that the iodine mixture overlies the urine, but does not mix with it. Almost instantly a grass-green ring will be seen to develop at the point of contact of the two fluids. If no bile pigment is present, the ring will be either colorless or of a light yellow color. This, says the *American Medico-Surgical Bulletin*, is the most delicate and reliable test for bile pigment which has yet been proposed.

CORRESPONDENCE.

VIRGINIA STATE MEDICAL SOCIETY.

Editor MARYLAND MEDICAL JOURNAL.

Dear Sir:—The twenty-fifth annual meeting of the Virginia State Medical Society was held in Richmond, October 23, 24 and 25, and was a notable meeting in many respects. Over three hundred physicians from Virginia, West Virginia, North and South Carolina, were present and our own State Society was ably represented by Drs. Lockwood, Theobald and Kelly of Baltimore and S. J. Fort of Ellicott City.

Dr. Theobald read a paper before the Society on the "Diagnosis and Treatment of Some of the more Frequently Met Diseases of the Eye," Dr. Fort contributed one on "Psychical Epilepsy" and Dr. Kelly operated at the Medical College of Virginia, also demonstrating the use of the cystoscope in diagnosing diseases of the female bladder and ureters.

Tuesday, Wednesday, Thursday and Friday there were clinics at both hospitals, but the meetings claimed close attention and while many attended the clinic given by Drs. Hunter McGuire and Price on Wednesday, and that of Dr. Kelly, Thursday, others were compelled to absent themselves for the above reason.

Wednesday night, Dr. Hunter McGuire gave a reception to the visiting medical men in honor of his brother, Dr. Wm. McGuire of Winchester, Va., the retiring President of the Society. Here in his grand old home, the leading surgeon of the south dispensed genuine Virginian hospitality to fully one hundred guests.

Thursday night the medical men of Richmond tendered a banquet and ball to the Society, and a glittering galaxy of Richmond beauty received the three hundred guests, who certainly had good reason to enjoy not only the fine music, the beautiful rooms tastefully decorated, of the great Masonic Temple and the tremendous array of eatables that emphasized the close of the three days during which not only the profession, but the entire city, outdid itself in showing how hospitable this section of the country can be.

MEDICAL PROGRESS.

PALUDAL NEURASTHENIA.—Triantaphyllides of Batoum (*British Medical Journal*) states that among the manifestations of malarial poisoning there is one bearing a resemblance to neurasthenia which has hitherto escaped notice. It is seen in persons who present no other sign of chronic paludism (enlargement of spleen or liver, anemia, etc.). During the last four and a half years the author has seen some fifty examples of the condition, and its malarial origin has been established by the discovery of typical hematozoa, as also by its amenability to treatment by quinine. In its slightest form paludal neurasthenia expresses itself merely as a state of mental apathy or physical *malaise*. In a higher degree of development it may be accompanied by nearly all the psychical vasomotor, and other disturbances characteristic of ordinary neurasthenia. Insomnia, digestive disorder, and headache are, however, less constant in the paludal than in the ordinary form. Spinal hyperesthesia is not well marked, but umbilical hyperesthesia is rarely wanting, sharp pain being caused in the majority of sufferers by pressure in the umbilical region on the left side. The affection generally comes on by degrees, and is preceded by vague nervous disturbances which occur paroxysmally, till after a time the neurasthenic condition becomes permanent. In recent cases a cure can as a rule speedily be effected by hypodermic injections (1 in 4) of hydrochlorate of quinine in doses of 60 centigrammes to 1 gramme. In cases of relapse a large number of injections is required. In inveterate cases sulphate of cinchonine, given by the mouth or hypodermically, or sulphate of cinchonidin, together with tonic measures, wet packing, and especially sea bathing, has often been successful in the author's hands.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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SEE PUBLISHERS' DEPARTMENT, PAGE 59.

BALTIMORE, NOVEMBER 3, 1894.

Sanitation in Washington.

AT the last meeting of the Medical Society of the District of Columbia, Dr. JOHN S. BILLINGS made a very elaborate address on "Filtration Methods of Water Supply and Sewage Disposal in Some Large European Cities," embodying the results of his observations on a trip to Europe, and drawing conclusions applicable to Washington. He was much struck with the strong contrast between the two closely adjoining cities of Hamburg and Altona in Germany. Hamburg, formerly a free city, had just completed its new filtration beds, but during the epidemics of Asiatic cholera which had occurred there, the drinking water had been obtained from upper parts of the Elbe river, but unfiltered, while in Altona, which is almost continuous with Hamburg as one city, the drinking water was taken from below the town, but it was filtered. The consequence was that there was practically no cholera in Altona, while Hamburg was full of it.

The method of filtration as used in Altona and started in Hamburg rendered the drinking water practically pure. It is an expensive undertaking and demands great care, but the results are eminently satisfactory. The essential features of the filtration works are :

1. The use of sedimentary basins.

2. The dividing the filtering surface into numerous small areas, each of which can be at once disconnected without interference with the others, and

3. The management of the work under constant bacteriological inspection.

There are four settling basins, each holding water enough for about one day's supply, and each having an area of about twenty acres. One of these is filled and the water allowed to stand for twenty-four hours, to allow of the settling of the larger suspended particles of clay, etc. The cleared water is then pumped on the filter beds, the sediment removed, if there is enough to make it necessary, and the basin is ready for a fresh supply. Last summer there were twenty-two filter basins in use, but more are to be added, for which space has been reserved. These basins are parallelograms, each having a surface of about two acres. The filtering substance is composed of a layer of about three feet in depth of fine sand, resting on eight inches of coarse sand, below which is an eight-inch layer of gravel and an eight-inch layer of small stones. The water is admitted with special care to disturb the surface as little as possible, and the supply is regulated so as to secure a depth of water of about three feet above the sand surface. This height is an important matter, for upon it largely depends the rate at which the water passes through the filter, the great object being that this rate shall be uniform all over the bed, and that it shall nowhere exceed 100 millimeters per hour, and there are special and ingenious arrangements to secure this, which give about 525 gallons of water per acre per day.

Each filter bed has a separate outlet with the means of obtaining samples of the filtered water, and samples from each filter are tested bacteriologically once a day under ordinary circumstances. As a rule, the number of bacteria found is between ten and forty per cubic centimeter. If they rise to 100 per cubic centimeter it is concluded that either the depth of the water over the filter bed is too great or that there is something wrong with the filter. When the filter becomes so

obstructed by slime that the required amount of water does not pass, it is emptied, the surface layer removed, and fresh sand put in its place.

The water is taken in an impure condition and when filtered is almost free from bacteria. The results of this procedure of filtration would tend to show that all subsoil water is pure and this is true except when wells are shallow and contaminated by cess-pools, as in parts of Washington and Baltimore. Other large cities, as Buda-Pesth and Paris, were adopting this method and it seems to be the only natural one when cities are situated so near each other on the same body of running water. When drinking water which has been protected by these safeguards is still impure, it is often because the process of filtration is carried on too rapidly or because time is not allowed for sedimentation to take place.

As for sewage disposal, Washington has a good system of sewers, but they need additions. Some foreign cities have large pumping works and force the sewage far out into the country on sewage farms and when the water in this refuse has passed through large filters it comes out pure and entirely potable. Some cities, too, use the method of chemical precipitation with sedimentation, adding milk of lime and clay to the sewage, which then flows slowly and uniformly through long rectangular tanks, in which the precipitation takes place.

Ultimate methods of sewage disposal, Dr. Billings remarked, are at present less interesting to Washington than methods of securing a pure water supply; but it will probably be necessary at some future time to provide for filtering the sewage of Washington before discharging it into the Potomac, and this possibility has been contemplated in the comprehensive plan of sewerage which is now being carried out.

* * *

Clinical Value of Renal Casts.

MANY clinicians can recognize casts under the microscope but fail to interpret their significance. Dr. A. E. AUSTIN, in the *International Medical Magazine*, separates them into definite groups and draws inferences accordingly. The hyaline and blood casts merely indicate irritation and hyperemia. Closely associated with hyaline casts is amyloid change of the kidney due usually to suppuration and with a good prognosis if the source of suppuration be removed. Epithelial, granular and fibrinous casts indicate acute inflammation of the renal tubules, the epithelial cast pointing to the mild stage; that is, one of mere desquamation with urine slightly under normal in amount, specific gravity 1030, high color, albumen a trace, numerous hyaline casts, free blood and renal epithelium. This may go on to brown or pale granular casts with diminution of the solids of the urine. The fatty and waxy casts when numerous and persistent indicate long continued chronic inflammation of the kidney with bad prognosis. Blood and epithelial cells are absent. In this case the urine is diminished in amount with increased specific gravity. The pale, granular and small hyaline casts point to fibroid kidney. Aside from the microscopical appearance, the general condition of the patient, age, sex and previous history must be taken into consideration. It should be remembered that the diagnosis of casts alone may mean little, but the kind of casts in abundance is the important point.

* * *

Reform and Reaction.

REFORMS, when too sudden, may have relapses and bring on even a worse condition of affairs than before. That is why the hasty action of the Ohio Dairy and Food Commission may swing the pendulum too far and by its sweeping action cause a reaction and counteract all the good which such spasmodic attacks of reform too often bring about. There is no reform in any State more important than the prevention of fraud in the manufacture of food and drugs, but the food and drug detective bureaus in order to be efficient should be slow to pass judgment until there is no doubt of just action.

* * *

Typhoid Fever in Baltimore.

SOME time ago it was pointed out in these columns that there were more cases of typhoid fever in Baltimore than ought to exist here. This statement may be repeated now, for at this very season cases are developing both in the city and in the country surrounding and it is probably largely due to the infected drinking water or impure milk. Physicians ought to insist on it that the families under their care should boil their drinking water and thus assist in reducing the risk of infection from a disease which ideal sanitation should entirely wipe out.

MEDICAL ITEMS.

A medical school for women has been founded in St. Petersburg.

Dr. Benjamin Lee of Philadelphia has opened his orthopedic gymnasium.

There will be held soon a conference of the health officers of the counties of Maryland.

The receipts of the *British Medical Journal* last year were $176,000; expenses, $150,000.

It is proposed to present a memorial to Sir Joseph Lister on his retirement from active work.

The University of Maryland has just put into service a handsome new ambulance for the University Hospital.

Some States have laws relating to the practice of pharmacy. Maryland has such a law, but it applies only to Baltimore.

Philadelphia has about twenty-five hundred medical students at the different schools there; Baltimore has about half that number.

Dr. Oertel of the Hygienic Institute of Hamburg died from Asiatic cholera contracted while making investigations of infected water.

A monument to Villemin, who first demonstrated the infectiousness of tuberculosis, was unveiled at Bruyères (Vosges) on September 30.

The city of Paris has contributed 50,000 francs ($10,000) and Berlin 6000 marks ($1500) for the purchase of anti-diphtheritic serum for the various city hospitals.

Dr. James A. Templeman of this city died at his residence last Saturday morning. Dr. Templeman was a native of Virginia and a graduate of the University of Maryland in 1841. He had long since retired from active practice.

Quite a scare has been caused in Washington by the unexpected appearance of several small-pox cases. The health authorities promptly quarantined all with the disease and vaccinated all exposed and no further trouble is apprehended.

A course of ten lectures on the history of medicine is being given in the Medical Department of the University of Buffalo by Dr. Rosewell Park. They are open to the public and touch upon the various political, religious, philosophical and social questions which have influenced medical progress.

The operating amphitheater of the hospital of the Medical College of Virginia, at Richmond, has been remodeled and supplied with all the latest aseptic operating furniture and apparatus. This department is presided over by a trained nurse, whose sole duty is to care for the operating-room, prepare patients and assist at operations.

The Board of Medical Examiners of the State of Maryland held the regular semi-annual examination October 18, 19 and 20. Licenses to practice medicine or surgery in Maryland were granted to Drs. Wm. N. Berkeley, Milton D. Brown, David W. Cole, Robert Lee Edwards, Charles Thomas Harper, Emmett Lee Jones, A. R. Oppenheimer, Marie Sommerfeldt, John Alfred Westlake. Secretary, W. F. Lockwood.

The officers of the American Electro-Therapeutic Association for the coming year are: President, A. Lapthorn Smith, M. D., Montreal; 1st Vice-President, J. H. Kellogg, M. D., Battle Creek, Mich.; 2nd Vice-President, Chas. R. Dickson, M. D., Toronto, Ont.; Secretary, Emil Henel, M. D., New York; Treasurer, R. J. Nunn, M. D., Savannah, Ga. The next meeting of the Association will be held in Toronto, September, 1895.

The following officers were elected at the meeting of the American Association of Obstetricians and Gynecologists: President, Dr. J. Henry Carstens of Detroit, Mich.; First Vice-President, Dr. W. E. B. Davis of Birmingham, Ala.; Second Vice-President, Dr. Henry Howitt of Guelph, Ont.; Secretary, Dr. William Warren Potter of Buffalo, N. Y.; Treasurer, Dr. X. O. Werder of Pittsburg, Pa. The place of meeting for 1895 was not decided.

The death is announced after a lingering illness of Dr. William Goodell of Philadelphia, in his sixty-fifth year. Dr. Goodell was born on the island of Malta, where his father was laboring as a missionary; he was graduated from Jefferson Medical College in 1854, practiced in Constantinople for a time and then returned to Philadelphia, where he rapidly built up a large practice. He soon became known as a leading gynecologist and was a member of all the important gynecological societies. He contributed to medical literature and made a record for himself in his specialty.

WASHINGTON NOTES.

It is a source of pleasure to the many friends of the new Health Officer, Dr. Woodward, to observe the excellent manner in which he has managed the cases of small-pox which are now causing such a scare in this city. Vaccination has been compulsory in the schools and some of the departments and many thousands of people, both young and old, have been vaccinated. Only nine cases altogether, with several suspects at this writing, have been reported and all these cases have been traced to one child, that was taken sick on the 30th September and died on 13th October. This child had spent the summer on a small farm at South Pomfret, in the northern part of Vermont. It left there with its parents on 14th September, taking a train at Windsor, going to White River Junction, thence in a parlor car on White Mountain Express to New York City. They crossed the city in a carriage and took a train from Jersey City to Washington, traveling in the sleeping berths. The disease was supposed to be chicken-pox and treated accordingly by the family physician. Soon the servant girl in the house took it. All the cases have been removed to the small-pox hospital and placed under the charge of Dr. J. R. Nevitt, who remains there all the time.

At the regular meeting of the Medical Society on Wednesday night, Dr. J. S. Billings read an excellent paper entitled, "Remarks on Filtration and Methods of Water Supply and Sewage Disposal in some large European cities." Dr. Billings's remarks were mainly based on his observations while in Hamburg and Paris. Dr. T. C. Smith moved that a vote of thanks be offered to Dr. Billings for his address. Dr. Sternberg, Surgeon-General of the Army, said that it was possible for the bacillus of typhoid fever to become attenuated, so that if it should be in drinking water, it would be so weak it would not affect one, unless he was very susceptible to the disease.

Dr. W. W. Johnston disagreed with Dr. Billings's remark that well-water in cities could be used with impunity. He thought they were "perfect death-traps and should not be permitted to exist." Dr. J. T. Johnson said that Dr. Billings's suggestion was a good one, namely, to have separate supplies of water, one for drinking and the other for other purposes, such as the fire department, etc. This method has been suggested for New York. Dr. Billings closed the discussion by saying that he would rather take his chances on drinking from wells than from the river supply.

Dr. J. Tabor Johnson presented a fibroid tumor of the uterus, which he had removed that day from a woman 65 years old, twenty years after the menopause. The woman had been treated for cancer of the uterus. The tumor was solid, with the atrophied tubes and ovaries attached. Dr. D. Olin Leech presented an appendix, which was perforated and removed that day by Dr. James Kerr.

PUBLIC SERVICE.

CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENTS, U. S. ARMY AND NAVY. FROM OCTOBER 23 TO OCTOBER 29, 1894.

First Lieutenant Charles F. Kieffer, Assistant Surgeon, will be relieved from duty at Fort Assinniboine, Montana, upon the return to that post of First Lieutenant Edward L. Munson, Assistant Surgeon, from duty in the field and will then report for duty at Fort Buford, North Dakota.

Surgeon J. G. Ayers from Navy Yard and Hospital, Portsmouth, N. H., and to his home and wait orders.

Medical Inspector F. L. DuBois ordered to Navy Yard and Hospital, Portsmouth, N. H.

Assistant Surgeon F. G. Brathwaite ordered to temporary duty at Naval Hospital, New York.

Passed Assistant Surgeon S. G. Evans detached from Naval Hospital, New York, and to Naval Hospital, Mare Island, Cal., for temporary duty.

Assistant Surgeon M. R. Pigott ordered to appear before Naval Examining Board at Navy Department for examination preliminary to promotion.

BOOK REVIEWS.

LANDMARKS IN GYNECOLOGY. By Byron Robinson, B. S., M. D., Chicago. Two Volumes. Illustrated. Detroit: George S. Davis. Pp. 220. Physician's Leisure Library.

This work embodies the author's lectures before the Chicago Post-Graduate Medical School and is divided into landmarks. It is a good

book if for the one reason that it contains little or no quotations and is founded largely on the author's experience. It is unusually honest in the author to acknowledge in the preface credit to his wife, who is also a physician and a gynecologist. Those who know Dr. Robinson's good work will gladly take the opportunity to study this book.

ABBOTT'S BACTERIOLOGY. The Principles of Bacteriology: A Practical Manual for Students and Physicians. By A. C. Abbott, M. D., First Assistant, Laboratory of Hygiene, University of Pennsylvania, Philadelphia. New (2nd) Edition. In one 12mo. volume of 472 pp., with 94 illustrations, of which 17 are colored. Cloth, $2.75. Philadelphia: Lea Brothers & Co., 1894.

This is a great improvement on the first edition, which was not as carefully prepared. The book opens with a historical account of bacteriology which cannot fail to be of interest. The various methods are described in a way that shows that the author is thoroughly at home with his work. Such a book can in no way take the place of laboratory work nor could one work with it without a teacher, but for reference it will serve its purpose excellently. Those outside of the laboratory who use the microscope as a diagnostic aid will hardly go through with such elaborate staining processes or prepare the staining fluids with such care. It is much more convenient to stain for tubercle bacilli, for instance, directly on the slide without the cover slip and thus a larger field is obtained and less time is taken. The oil immersion may be applied directly on the stained surface. Experience, too, will show that while it is convenient to have a staining fluid made according to weight and measure, it answers the same purpose to pour into a bottle one of the aniline colors dissolved in alcohol, a little water and some carbolic acid and then stain. The author's chapter on immunity will change with the admission of new theories. On the whole the book is one of the best of its kind and the most practical in the English language.

REPRINTS, ETC., RECEIVED.

Anesthesia. By William R. Hayden, M. D.

Numerical Strength of the Different Schools of Medicine in the United States. By John K. Scudder, M. D. Reprint from *The Eclectic Medical Journal.*

CURRENT EDITORIAL COMMENT.

SPECIALISM IN MEDICINE.

University Medical Magazine.

No one can deny that the science of medicine is distinctly advanced by specialism, or that the profession and laity are alike benefited by the devotion of the time and energies of a certain number of men to special departments of practice.

RECOGNITION OF MERIT.

New York Medical Record.

THE habit of giving some formal recognition to conspicuous merit or long professional service is surely a most praiseworthy one. We wish that in this country something of the kind might be done. With us the doctor gets recognition sometimes after he is dead, but that is, after all, not so satisfactory to the person most concerned.

INEFFICIENT TEACHING.

Philadelphia Polyclinic.

A MEDICAL curriculum that did not provide for the study of physiology would doubtless be regarded by all as defective. The branch is one of the old seven essentials in the medical course. No one has proposed to give it up or make it elective, yet none the less, it is probably inefficiently taught in more of our medical schools than any other of the more important general subjects.

HOLIDAYS.

London Lancet.

A HOLIDAY is often spoiled by attempting too much. The necessity for rest should always be kept in view, and long and fatiguing railway journeys or mountaineering excursions should only be undertaken with caution. Many things—age, physical condition, previous training, etc.—have to be considered in this connection. A holiday should involve a complete change, but if this change be too violent, mischief will result. The middle-aged man of sedentary habits may seriously strain his muscles and his heart upon the Weisshorn or the Jungfrau, who would have obtained quite as complete, and a much safer, change on the deck of a well-appointed yacht. It is well to be energetic in work, but we should moderate our ambition in pleasure-seeking. Anything which interferes with regularity in food and sleep will, beyond a certain point soon reached for most people, ultimately do hurt.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXII.—No. 4. BALTIMORE, NOVEMBER 10, 1894. Whole No. 711

ORIGINAL ARTICLES.

MANIA TRANSITORIA; OR TEMPORARY INSANITY.

By Edward C. Mann, M. D.,

Medical Superintendent Sunny Side Private Hospital for Nervous and Mental Diseases, New York City; Member Medical Society of the County of New York, Brooklyn Pathological Society, etc.

In these cases, which are of great interest, as they are often before the courts for the commission of overt acts, hereditary predisposition, is often placed at the head of the causes; for as Marc says of insanity in general, it plays so marked a character in the production of this malady that whenever there is a possibility in a medico-legal investigation of demonstrating its existence, it is sufficient almost of itself to establish the reality of a lesion of the understanding, or to weaken considerably the possibility of its being feigned.

Dr. A. Devergie, a most eminent alienist of France, in a paper read before the Imperial Academy of Medicine, entitled "Transitory Homicidal Mania; Where Does Reason End or Mania Begin," in the *Journal of Psychological Medicine and Mental Pathology*, No. XVI, says: "Those physicians who have devoted themselves to the treatmentof insanity admit that besides dementia, mania and monomania, there exists an instantaneous transient insanity, which they call transitory, and as the result of which an individual, until then, in appearance at least, of sound mind, commits suddenly a horrible act and returns as suddenly to a state of reason. It would be easy to quote a hundred authors of recognized preeminence in psychological medicine, to the effect that such an affection as temporary insanity really exists. The authorities on medical jurisprudence are likewise decided upon this point and the fact is accepted every day by courts of law. It is unnecessary, therefore, to adduce further support to the doctrine."

Dr. Willlam A. Hammond says: "There is a form of insanity, which in its culminating act is extremely temporary in its character, and which in all its manifestations, from beginning to end, is of short duration. This species of mental aberration is well known to all physicians and medical jurists who have studied the subject of insanity. By authors it has been variously designated as mania transitoria, ephemeral mania, temporary insanity and morbid impulse. It may be exhibited in the perceptional, intellectual, emotional or irrational form, or as general mania.

"The exciting causes of temporary insanity are numerous. It may be induced by bad hygienic influences, such as improper food, exposure to intense heat, cold or dampness, or to a noxious atmosphere, by undue physical exercise, by disease of the heart, by blows upon the head or other parts of the body, by certain general and local diseases, by the abuse of alcoholic liquors, by the ingestion of certain drugs, such as opium, belladonna, and hasheesh, by excess in intellectual occupation, by loss of sleep, and above all, by great emotional disturbances. Among these latter, religious excitement, grief, disap-

pointed affection, and especially anxiety, by which the mind is kept continually on the stretch, tortured by apprehensions, doubts and uncertainties, by which it is worn away more surely than by the most terrible realities.

"The predisposing causes are to be found in the individual as an inherent part of his organization. They consist in a hereditary tendency to insanity, or to some other profound affection of the nervous system, or of an excitable nervous temperament which is incapable of resisting those morbid influences which persons of phlegmatic disposition would easily withstand. Thus all men are not affected alike by disturbing causes, because all men are not cast in the same physical or mental mould. A circumstance which will produce insanity in one person will scarcely ruffle the equanimity of another. The immediate cause of temporary insanity is the disease itself, of which the mental aberration is simply the manifestation. No fact in medical science is more clearly established than this of the action of the emotions on the circulation of the blood in the brain. This form of insanity is known as constant transitory mania.

"This may be defined as a form of insanity in which the individual, with or without the exhibition of previous notable symptoms, and with or without obvious exciting cause, suddenly loses the control of his will, during which period of non-control he commonly perpetrates a criminal act, and then as suddenly recovers more or less completely his power of volition. Attentive examination will always reveal the existence of symptoms precursory to the outbreak which constitutes the culminating act, though they may be so slight as to escape superficial examination."

Dr. Jarvis, in a paper published in the *American Journal of Insanity*, for July, 1869, says of Mania Transitoria: "This is a form of mental disorder which suddenly appears in a person previously sane or not, supposed to be unsound in mind; it has a short duration and suddenly disappears. This is not exclusively a new or an old doctrine, but it has been taught in France and Germany and other countries and by managers of the insane and by writers on these topics. It is recognized by the psychological authorities of Great Britain and is admitted by courts and juries having the management of persons who have committed acts which would otherwise have been considered as criminal, and for which they would otherwise have been doomed to death by the scaffold."

Dr. Castelnau, in the *American Journal of Insanity*, concludes that, "there exist instantaneous changes in the mental faculties, mania instantaneous, temporary, transitory, fleeting; a mental disorder which breaks out suddenly, like the sudden loss of sense by some physical disease; the subject is urged in a moment to automatic acts which could not have been foreseen."

The late Dr. Ray, an alienist of the very highest character, said: "Yet sometimes, especially on the operation of a powerfully exciting cause, it breaks out suddenly and terminates in a few hours. It has been called transitory mania, or instantaneous mania." Again he says in cases like that of mania, "when a man destroys the seducer of his wife, sister or daughter, we often see the influence of the insane temperament; and the effect has been very much in determining the quality of the act. We also know, as a matter of no very infrequent experience, that insanity may be produced instantaneously by a profound moral shock. If a person might be deprived of his senses on a piece of good news, or of the death of one very near and dear, is it strange such results would follow what is calculated above all others to stir the sense to its utmost depths? What the mental condition actually is must be determined by evidence in the case, and any doubt there may be we may be quite sure will be given in favor of the accused."

All writers on medical jurisprudence and insanity whose opinion is worth quoting concur in the existence of mania transitoria and personally I have seen so many examples of it that I should as soon be incredulous about the existence of typhoid fever as of the existence of transitory mania. Those persons are

the most apt to exhibit mania transitoria who inherit a predisposition to insanity, whose general health is impaired from any cause, who are naturally nervous and excitable, who have been subjected to any great trial of their feelings in any way to cause them to dwell much on the subject, to lie awake nights on account of it and then have added the application of a great and sudden excitement or some strong emotion, as great emotional disturbances are the most harmful exciting cause of this form of mania. I think a careful alienist could in these cases, if he could see them before the commission of an overt act, always detect premonitory symptoms of an attack, but it is not at this stage that a person receives any medical thought or impression. The act of violence is the first manifestation of the disease of the body affecting the mind by deranging its functions, which constitutes insanity, that the public sees, and prejudice or ignorance very often denies what to a physician is perfectly evident.

In transitory mania, the control which the intellect normally exercises on the will is for the time destroyed and the overt act is the result of an automatic impulse. It appears without premonition and disappears as quickly as it came. It is a discharge in the convolutions of the brain perfectly analogous to that of epilepsy and very frequently there will be no more recollections of the occurrence than the epileptic has. Indeed, a case of "petit mal" is the very case to be transformed on the moment into a case of transitory mania upon the application of even a slight exciting cause and the existence of the lesser form of epilepsy should be diligently sought for by both physician and jurist in every such case. Many women while menstruating have their nervous systems so overwrought that any great emotional disturbance would be very likely indeed to precipitate an attack of instantaneous mania, especially if such a woman had inherited a predisposition to some form of nervous or mental disease, and there would be perfect irresponsibility for any overt act committed during such a state, in our opinion. Finally, I do not myself believe that transitory mania can manifest itself suddenly and for the first time in a person of a perfectly normal mental calibre, like a flash of lightning from a clear sky. I cannot but think that if the history of the individual be carefully traced, there will generally be discovered some evidences of antecedent latent mental aberration, either inherited or acquired.

As to what constitutes sanity.—Judge Edmunds once gave the very able definition of sanity: "A sane man is one whose senses have truthful evidence, whose understanding is capable of receiving that evidence, whose reason can draw proper conclusions from the evidence thus received, whose will can give the thought thus obtained, whose moral sense can tell the right and wrong of any act growing out of that thought; and whose acts can at his own pleasure be in conformity with the action of all these qualities. All these things unite to make sanity. The absence of them is insanity." Recorder Hackett, in the case of the People *vs.* McFarland & Abb, N. S. 92, said, "A state of sanity is one in which a man knows the act he is committing to be unlawful and morally wrong and has *reason sufficient to apply such knowledge and be controlled by it.*"

Most maniacs have a firm conviction that all they feel and think is true, just and reasonable and nothing can shake their conviction.

Premonitory Symptoms of Insanity.—Before a previously healthy person becomes insane we shall generally find that he has manifested depression, unwarranted excitability, disregard of the minor proprieties of life, a change coming over the warmest affections, quick changes and rapid transitions in the current of the feelings, sleeplessness, and a complete change of the character and habits, the person, meanwhile, entertaining no delusions, but occasionally losing his self-control, the general air and manner at such times being simply expressions of the inward emotions; intervals of perfect calmness and self-control, during which the person clearly discusses his true relations to others, and even, perhaps, recognizes the influence which the

incipient disease exercises over his feelings and actions, with, finally, the utter downfall of the intellect, manifested by the fury of mania or the moodiness, suspicion, depression and impulses toward self-destruction. All these are the successive links in the chain of insanity.

305 W. 86TH STREET.

TUBERCULAR PERITONITIS.

By J. Whitridge Williams, M. D.,
Associate in Obstetrics, Johns Hopkins University.

CONTINUED FROM PAGE 52.

Clinical History.—We know of no important disease whose clinical history offers so many variations as the affection before us, and therefore we must be content with giving its general outlines and considering the various affections which it may simulate, instead of presenting the definite clinical picture which is so desirable for the ready diagnosis of any affection.

It would appear that family and antecedent history do not play so important a part in this affection as in many others, and numerous instances might be adduced in proof of this statement. But in a not inconsiderable number of cases a tuberculous family history may be obtained, and in many other cases we may find that the patient has had some antecedent disease, referable to the lungs, pleuræ, intestines, or internal genitals.

As has already been indicated, the peritoneal affection may run a perfectly latent course and be discovered only accidentally at operation or autopsy. In this connection it is only necessary to refer to those cases complicating ovarian tumors or other diseases of the genital tract, to those complicating hernia, and to cases more or less similar to one of ours, in which the patient apparently died from general arterio-sclerosis, which at autopsy was found to be complicated by advanced tubercular peritonitis. This tendency of the affection to remain latent is of great importance, and, while it will not aid us clinically, it should not be lost sight of in considering the frequency of the disease.

The typical clinical history of tubercular peritonitis is about as follows. The patient, usually between the twentieth and fortieth year, either male or female, has been losing flesh and running down hill for some time. There is generally more or less pain on pressure over the abdomen, and sooner or later free fluid is detected in the abdominal cavity. Usually there is moderate fever and an accelerated pulse. On close questioning, we may find that the patient has a tuberculous family history, and perhaps has some cough or has gone through an attack of pleuritis or pericarditis or had symptoms referable to a severe affection of the intestines or generative apparatus. On physical examination we are unable to find any disease of the heart, liver, or kidneys, but may find signs referable to the lungs or pleuræ, and, on examining the abdomen, find more or lesss free ascites and a moderate enlargement of the spleen. The abdominal symptoms gradually become more marked, edema of the lower extremities may appear, and the patient gradually sinks, but more often dies from pulmonary or intestinal tuberculosis.

This is the typical clinical picture of the disease, and one which permits of but little doubt as to diagnosis; but, unfortunately, it occurs but rarely, and we must be prepared to look for the disease under other forms.

The onset of the disease is occasionally very acute, so that we may believe that we have to do with an ordinary acute peritonitis, and only slowly awake to a suspicion of its tuberculous nature. In other instances the onset of symptoms may be so sudden as to lead to the diagnosis of hernia or ileus. A case which was operated upon on the supposition that it was a hernia is reported by Thoman, and cases in which attention is di-

rected to a latent tubercular peritonitis by the occurrence of symptoms of acute or chronic ileus are not uncommon. The subject of intestinal occlusion complicating tubercular peritonitis has lately been fully considered by Lejars.

The affection is not infrequently mistaken for typhoid fever, and the resemblance between the two diseases may be so close as to deceive the most expert diagnostician; only the prolonged course of the affection, the subsequent appearance of tuberculosis in other organs, and possibly the development of tumor formations within the abdomen, enables one to recognize one's error. There is no doubt that many of the fatal cases of so-called typhoid fever are really due to tubercular peritonitis, just as a considerable number of cases of pyosalpinx are diagnosed as typhoid.

Osler reports an interesting case in which persistent vomiting was the most prominent symptom, causing the case to be regarded as one of gastric cancer, and it was only at the autopsy that the true nature of the affection was discovered.

The cases which are accompanied by marked ascites and which do not present much febrile disturbance are likely to be confounded with cirrhosis of the liver, for in these cases the marked ascites may interfere with mapping out the liver and other abdominal organs. Three cases reported by Jarrigues are of interest in this connection. All presented the usual symptoms of cirrhosis, and there was even marked dilatation of the superficial veins of the abdomen and thorax and an alcoholic history; but at the autopsy all were found to be marked cases of tubercular peritonitis, with no signs of hepatic cirrhosis. We should also remember that tubercular peritonitis and cirrhosis not infrequently occur together, but in these cases we usually meet with symptoms which are referable to both affections. According to Wagner, the course of the affection in these cases is usually rapid, death occurring in from two to four months from the onset of grave symptoms.

The frequent association of affections of the pleuræ with tubercular peritonitis should always be kept in mind. Their frequent occurrence has been particularly dwelt upon by Vierordt, and the occurrence of pleuritis either before or during an obscure chronic abdominal affection should always suggest the possibility of its tubercular nature. In the same connection consolidation at the apex of one or both lungs is highly suggestive.

The importance of the various tumor formations which may occur in the course of this disease should also be borne in mind. By far the most frequent of these formations is that due to the encapsulation of the exudate between adherent intestines or other organs. Their importance was particularly brought to the attention of the profession by König of Göttingen, and Howard of Baltimore, in 1884 and 1885 respectively. The gradual transformation of free ascites into an encapsulated tumor may occasionally be observed, and should be of the greatest assistance in diagnosis. Tumors formed by the omentum, intestines, or enlarged mesenteric glands may be observed occasionally, and, while not characteristic, are always suggestive.

Special Symptoms.—The temperature is usually only moderately elevated, but in some instances it may present a markedly hectic range. On the other hand, it is not infrequently very low and even subnormal. Osler, who has paid great attention to this point, says that the temperature may go down as low as 96° to 96½° F. in the morning and only rise to normal during the afternoon, and in other cases it may not rise above 98° during the entire course of the disease. Subnormal temperature has been noted by other observers; Wagner, particularly, lays considerable stress upon its occurrence, especially in cases complicated by cirrhosis of the liver.

Ascites and its peculiarities have already been considered among the anatomical characteristics of the disease.

Pain, except in the cases which simulate acute general peritonitis, is not a prominent symptom. Usually there is tenderness on pressure over various portions of the abdomen, but in a considerable number of cases it may be completely absent.

The bowels present no characteristic features in this affection. Sometimes they are loose and sometimes constipated, and occasionally the two conditions may alternate. The condition of the bowels is influenced by the extent to which they are involved in the morbid process. If they are the seat of tuberculosis we usually meet with profuse diarrhea; and, on the other hand, the various conditions produced by the formation of adhesions may markedly interfere with the free action of the bowels and lead to the symptoms of chronic obstruction. Another cause of constipation is marked tympanites, which occurs frequently in all forms of the disease and is the result of loss of tone of the muscular coat of the bowel.

In some instances the patient may present the pigmentary changes which are usually considered to be characteristic of Addison's disease. Particular attention has been directed to these changes by Gueneau de Mussy, and it appears that they are usually associated with tuberculosis of the supra-renals, but in occasional instances they may occur without any involvement of those organs, and apparently as the result of the tubercular peritonitis.

Diagnosis.—From what has already been said, it is evident that the difficulty of diagnosis of the affection before us is subject to many variations. In some instances it may be so clear that error is almost impossible, in other cases it may be so very difficult that we hardly care to make even a probable diagnosis, and in many of the latent cases diagnosis becomes absolutely impossible. Indeed, we should say in advance that it is impossible to arrive at an absolutely positive diagnosis during life, unless the exudate has been aspirated and tubercle bacilli have been found in it; and occasionally even after laparotomy it is impossible to arrive at a positive diagnosis until the histological examination of excised portions of the peritoneum demonstrates the character of the affection.

In the cases which present a typical clinical picture there should be no hesitation in making a probable diagnosis, and the detection of tuberculous involvement of the lungs, pleuræ, intestines, or genitals should render it practically positive. The discovery of abdominal tumors in the course of any chronic abdominal disease of obscure origin should certainly lead us to consider the possibility of tubercular peritonitis; but at the same time we should remember that simple chronic peritonitis may give rise to nearly every symptom which occurs in the course of tubercular peritonitis.

From a diagnostic point of view, Edebohls distinguishes between the cases in which exudate is present and those in which it is absent. He considers that in the latter class of cases he has discovered a physical sign which is almost pathognomonic. "It consists in plaque-like, localized thickenings of the deeper portions of the abdominal parietes, perceptible to the gentle touch. They impart to the palpating finger the sensation as if the peritoneal surfaces of the abdominal walls were occupied by urticaria wheals or pomphi of various sizes. This author has met with them from one up to eight centimeters in diameter. They may be quite numerous in a given case, or but two or three be found scattered over the anterior and lateral walls of the abdominal cavity." These thickenings, he considers, are due to a localized hyperemia and swelling of the tissues of the abdominal wall immediately underlying the peritoneum. He believes that they are of special value in the recognition of the early stages of the affection, and states that their presence has led him to a positive diagnosis in every case in which he could distinguish them. And it should be stated that the diagnosis was verified in each case by the subsequent laparotomy.

Personally, we have not had any positive experience with this sign, for, unfortunately, the few cases in which we noted it were not operated upon. In view of Edebohls' positive statements, this condition should certainly be sought for in suspicious cases. Dr. Edebohls recently stated to us that his more recent experience has not weakened his belief in the diagnostic value of this sign. In the female the detection of Edebohls' sign or indistinct tumor for-

mations within the abdomen in combination with genital tuberculosis should enable us to make a fairly positive diagnosis.

Subnormal temperature occurring in suspicious cases should, according to Wagner and Osler, strengthen our suspicion as to the tuberculous nature of the affection.

Thomayer, in 1884, stated that in a certain number of cases of tuberculosis and carcinosis of the peritoneum, associated with more or less effusion, abdominal percussion would show that the left iliac region was dull, while in the right iliac region intestinal resonance could be elicited. This condition he attributes to retraction of the mesentery, by which the intestines are contracted into a more compact mass than usual, and occupy the right and inferior portion of the abdominal cavity; for the reason that the attachment of the mesentery is directed more to the right side, while the fluid is forced more to the left side. He noted this condition in eight cases, and, while not pretending that it was a constant occurrence, stated that it might prove an aid to diagnosis when observed. Considerable doubt has been thrown upon its value as a diagnostic sign, and it is evident that it can be observed only in advanced cases of the disease.

As mentioned above, most of the changes accompanying tubercular peritonitis may also be observed in simple chronic peritonitis. Thus, the changes due to adhesions and tumor formations are common to both affections, as is also the presence of effusion. The frequency of chronic non-tuberculous peritonitis was illustrated by Fagge, who stated, "In Guy's Hospital, there is an average of one case of this kind to two of cirrhosis of the liver;" and the operative statistics of Prochownick and others show how frequently it occurs and how difficult is its diagnosis.

It would appear that the demonstration of tuberculosis elsewhere in the body or a very pronounced tuberculous family history and possibly the enlargement of the spleen are the only means of distinguishing between the two affections. Of course in those forms of the disease simulating acute general peritonitis, typhoid fever, and the like, accurate observation and the subsequent history will afford the only means of diagnosis; and it will frequently be impossible to make the diagnosis at the incipiency of the disease.

Cases accompanied by marked ascites and by slightly elevated or subnormal temperature may not infrequently be confounded with cirrhosis of the liver. The cases of Jarrigues demonstrate that when the ascites is very abundant almost every symptom of cirrhosis may be produced, including the dilatation of the superficial abdominal and thoracic veins, and the patient may lack a tubercular and present an alcoholic history. Of course, in these cases, the error arises from the inability to map out the abdominal organs, particularly the liver and spleen. No doubt the cirrhosis may be excluded after tapping, when the condition of the liver can be ascertained and perhaps other tumor formations discovered. In these cases, without tapping or the presence of tuberculosis elsewhere, the diagnosis must remain uncertain.

For the diagnosis of cases complicated by cirrhosis of the liver, which may usually be made with some degree of probability, Wagner states, "It is necessary to demonstrate the existence of the cirrhosis on the one hand, and, on the other, the hereditary tubercular tendency or actual tuberculosis of the lungs, pleuræ, intestines, or genital or urinary organs." Microscopical examination of the sediment of ascites obtained by tapping in these cases may shed light upon the diagnosis. If the tubercle bacillus is found, the diagnosis is certain.

The diagnosis of the various tumor formations which occur in the course of the disease may be very simple or may present the greatest difficulty. Omental tumors, according to Osler, usually do not offer great diagnostic difficulties. The tumor, lying in the upper part of the abdominal cavity, is usually bounded above by colon resonance and is not likely to be mistaken.

The diagnosis of encysted effusions is frequently very difficult, especially in women, where they are usually mistaken for ovarian cysts. To illustrate the difficulty of diagnosis, Osler states that, of ninety-six cases of laparotomy, in more than thirty the operation was performed under the supposition that ovarian disease was present. In these cases we should look for more serious general disturbances than usually accompany the evolution of ovarian cysts, for they rarely give rise to marked constitutional disturbances until they have attained a very large size.

The differential diagnosis between ovarian cystomata and encapsulated peritoneal exudation is frequently very difficult, and sometimes impossible. Generally speaking, encysted effusion does not appear to be as tense as an ovarian cyst, and consequently presents more marked fluctuation similar to that observed in parovarian cysts. Owing to their mode of origin, encysted effusions frequently do not present on palpation the regular outlines which are usually characteristic of ovarian cysts, and in some instances nodular masses may be palpated in their periphery which are due to enlarged mesenteric glands, etc. In some instances, on percussion we may find resonant loops of intestine extending over their surface, which is very rarely noted in ovarian cysts. The main point of the diagnosis, of course, is to determine whether the tumor arises from the internal genitals. For this, most careful bimanual examination is demanded, the patient being anesthetized, if necessary, when an attempt is made to palpate the tubes and ovaries on both sides. If we can clearly demonstrate that they are intact, there should be no hesitation in declaring that the tumor is not of ovarian origin. But, on the other hand, if the tumor appears to arise from the adnexæ of either side, the ovarian origin of the cyst is not assured; for it is well-known that encysted effusions are not infrequently densely adherent to the uterus or tubes and ovaries, and may thus give rise to conditions which render accurate diagnosis impossible.

The cardinal point in the diagnosis of tubercular peritonitis is the demonstration of the involvement of the lungs, pleuræ, intestines, or genitals along with chronic abdominal disease; and when to this we can add anomalous tumor formations or Edebohls' sign, the diagnosis becomes reasonably assured.

Prognosis.—There is apparently no reason why tuberculosis of the peritoneum should not undergo the fibroid and calcareous changes which occur in other organs and so heal spontaneously, and it is well-known that this frequently occurs in the lungs. The occurrence of fibroid tubercular peritonitis undoubtedly appears to indicate that such changes do take place, and recent observations by numerous clinicians might be adduced to prove that tubercular peritonitis frequently undergoes spontaneous cure. Thus, according to Boulland, at least one-quarter of the cases which he collected from the literature had healed spontaneously. While not wishing to deny the possibility of spontaneous cure, for we believe that it does occur, we do not consider that the evidence at present justifies us in taking a very optimistic view as to its frequency. For it must be remembered upon what a slight thread the diagnosis often hangs, and also that simple chronic peritonitis may give rise to all the symptoms of the tubercular affection. Such being the case, it becomes difficult to prove in any given cases of supposed spontaneous cure that one did not have to deal from the start with a simple chronic peritonitis.

While the prospects of purely medical treatment are not encouraging, the results of surgical measures, on the other hand, offer us abundant reason for encouragement, and enable us to express a fairly good prognosis instead of the almost uniformly bad one of a few years ago, for it is now known that a very considerable number of cases are definitely cured after laparotomy.

The marked and unexpected curative effect of laparotomy was discovered accidentally, and has been gradually established by the experience of a large number of surgeons.

Some thirty years ago, Sir Spencer Wells performed laparotomy expecting to remove an ovarian cyst and was surprised to find that instead of it he had to deal with encysted ascites and tubercular peritonitis. He broke up some of the adhesions and closed the wound, and was surprised to see his patient become rapidly better and soon restored to perfect health, which still continued twenty-five years after the operation. For some time the observation of Spencer Wells remained almost isolated, and it was not until the appearance of König's article in 1884, in which several more or less similar cases were reported, that a general interest in the subject was aroused; since then a very considerable number of operative cases have been reported, and Lindner in 1892 was able to collect two hundred and five cases.

The results following laparotomy are so remarkable that one might be inclined to doubt their authenticity were not so many of the cases reported by men of world-wide reputation. That the disease is absolutely cured by laparotomy, and does not merely become latent, has been demonstrated in several cases in which, after death from some other cause, the autopsy showed the complete extinction of the tuberculous process. Thus, Hirschberg reported a case at the first meeting of the German Gynecological Society, in which at the operation both layers of the peritoneum were found covered with tubercular nodules up to a pea in size. The patient died eight months later from phthisis and at the autopsy it was found that all trace of the nodules had disappeared and that the peritoneum was perfectly smooth. Ahlfeld at the same time spoke of a case in which he performed Freund's operation, where the peritoneum was covered by nodules. At the autopsy, eighteen months later, there was no trace of the nodules; the peritoneum was perfectly smooth and the intestines were markedly adherent. More or less similar cases have been reported by Kummel and others.

Case VIII, reported by Osler, in which the woman died from croupous pneumonia four or five months after operation, well illustrates the process of the healing; for at the autopsy the tubercles were found to be small, hard, pigmented and filled with fibroid tissue, indicating that they were rapidly being rendered inert. And in another case, in which laparotomy had been performed some months previously for tubercular peritonitis and in which a second operation was necessary for the removal of the ovaries, we found on the surface of the ovary a considerable number of very small fibroid tubercles which were covered by very dense adhesions and were evidently healing. In both these instances tubercle bacilli could still be demonstrated. It appears, then, that cure results from the occurrence of fibroid changes in the tubercles, or from their encapsulation and subsequent organization.

Lindner supposes that the ideal method of healing is the absolute absorption of the tubercles and likens that mode of cure to union by first intention, and the one mentioned above to union by second intention. He does not, however, adduce evidence in support of his ideal method, so that it cannot be accepted without question.

Various theories have been advanced in explanation of the curative effect of simple laparotomy in this affection, but none of them are satisfactory, and we can only say, with König, that at present we are unable to give any satisfactory explanation for it. A few writers, notably Spaeth, have attempted to belittle the curative effect of laparotomy in tubercular peritonitis by stating that it is probable that a large proportion of the reported cases were not due to tubercular peritonitis at all, but to other conditions which may simulate it and that we are justified in considering as tuberculous only those cases in which tubercle bacilli have been demonstrated.

There is no doubt that we may occasionally meet with miliary connective tissue new growths, or miliary lymphomatous nodules in chronic peritonitis, and that they may give rise to marked ascites, etc. Such conditions are not unknown to pathologists, and cases re-

ported by Prochownick and Henoch demonstrate that they are also met with in practice. It is also possible that in rare cases miliary carcinosis or small papillomatous masses covering the peritoneum may have been mistaken for tubercles. But it is improbable that these conditions occur with sufficient frequency to invalidate the conclusions drawn from the results of operative work, especially when we consider the fact that in many of the reported cases microscopical examination has positively demonstrated the tubercular nature of the affection.

Treatment.—In view of what has just been said, drugs do not play a large part in the treatment of this disease. In a certain number of cases, however, where for various reasons laparotomy is not practicable, we must resort to medicinal means. It is needless to point out the necessity for rest in bed, for good hygienic surroundings and for general tonic and supporting treatment. Vierordt and others recommend frequent inunctions of the abdomen with blue ointment, and believe that they have seen improvement follow its use. But, as we have shown, cases which recover under medical treatment are always open to suspicion, and it is difficult to demonstrate their tuberculous nature.

At present the general consensus of opinion is that laparotomy is the most rational treatment in most cases of tubercular peritonitis. This appears to be shared not only by surgeons and gynecologists, but also by clinicians, among whom may be mentioned Osler and Vierordt. Of course the verdict is not unanimous and Löhlein and Spaeth have raised dissenting voices. The recent statistics of Philipps and König, which are based upon the same material, however, place its propriety beyond all question.

König, in 1890, collected one hundred and seventeen cases from the literature and to them added fourteen cases of his own, making in all one hundred and thirty-one operative cases. Of these, one hundred and seven were dismissed in a satisfactory condition, and eighty-four, or sixty-five per cent., were cured. Of course a considerable number of cases were lost sight of, but out of the eighty-four cured cases he was able to find thirty, or twenty-four per cent., of the whole number operated upon, in whom the cure remained permanent after two or more years. And he states, "Accordingly, one-quarter of all persons with peritoneal tuberculosis were definitely cured." The mortality from the operation he places at three per cent. König himself has operated upon fourteen cases, with one death, six of the "cures" having been under observation for more than two years and three of them for periods of from six to eight and a half years. This is certainly a brilliant showing in an affection whose prognosis a few years ago was absolutely fatal.

In general terms it may be said that the cases in which the tuberculosis is primary and limited to the peritoneum or in which the primary source of the disease can readily be removed, offer the most favorable conditions for a successful termination. But König states that the etiology of the process does not materially influence the results of the operation, and that in a very considerable number of the cured cases the primary seat of the disease was apparently in the intestines. Philips does not consider that the operation exerts a deleterious effect upon coincident phthisis, and states that in one of his cases the phthisis was likewise cured, and that his patient was well six and a half years later. Similar cases have been reported by Säxinger and Schwarz.

König states, "There is no surgical (curable) and medical (incurable) tuberculosis. All the various forms are curable under certain conditions." With due deference to König's experience, we should hesitate to operate in cases in which the primary tuberculosis was so far advanced as to offer practically no chance of spontaneous cure, without reference to the peritoneal affection. Owing to the generally secondary nature of the disease, it is evident that in the great majority of cases we must operate upon persons who already have

tuberculosis of organs other than the peritoneum and we must take their general condition into consideration before operating if we are to have satisfactory results. When the primary tuberculosis is not too far advanced, there should be no hesitation in proposing operation.

As far as the healing of the disease is concerned, the mode of operating appears to be a matter of indifference, and the abdominal incision may be made wherever most convenient. As equally good results have followed the introduction of the most varied antiseptics into the abdomen and the simple washing out with sterile salt solution or water, it is evident that it is to the operation itself, and not to the employment of antiseptics, that the favorable result is to be attributed; consequently, the introduction of iodoform, sublimate, etc., into the abdomen is unnecessary and should be condemned on that account. Of course the operation should be performed under the most approved aseptic precautions. In the cases in which the process is limited to the peritoneum we should content ourselves with simply removing the exudate, and close the abdomen without the employment of drainage.

When adhesions are present we should not attempt to break them up except when they appear to offer conditions favorable to the production of ileus, etc., or when exudation is encapsulated between adherent viscera. In cases of encapsulated effusion the mode of procedure should differ according as the effusion is serous or purulent. If serous, it may be simply allowed to escape and drainage is not called for; but when purulent, on the other hand, we should take the greatest care to prevent its gaining access to other portions of the abdominal cavity and after evacuating it, cleanse the pus cavity as carefully and thoroughly as possible and drain.

If the peritoneal disease be associated with tuberculosis of the tubes and ovaries, we consider that they should be removed if possible. For whether they be primarily or secondarily affected, they will undoubtedly complicate the healing of the peritonitis and in the event of its cure, offer abundant opportunity for reinfection. When the primary source of infection is in the intestines, we should not attempt resection of the affected parts, except in the rarest and most favorable instances. For, in the first place, in all probability we should be able to remove only a small portion of the diseased intestine and in the second place, König's figures show that a considerable number of cases heal in spite of intestinal tuberculosis.

After operation, the necessity for the so-called toilette of the peritoneum must be decided according to the exigencies of each case. In the uncomplicated cases it is unnecessary, for they are comparable to exploratory incisions, and the less done the better.

Before closing the abdominal wound, a small portion of the affected peritoneum should be excised and placed at once in ninety-five per cent. alcohol, for subsequent histological examination. In future no cases should be published in which a microscopical examination has not been made, for it is only by this means that the tuberculous nature of the affection can be positively demonstrated and some idea gained as to the frequency of the various conditions which may simulate it.

At present the operation cannot be advocated too strongly; for the exploratory incision is not of itself dangerous and in more favorable cases the operation is hardly more, while in unfavorable cases further operative measures may be undertaken or not at the discretion of the operator.

(The autopsies upon which this article is based were performed at the Johns Hopkins and Maryland General Hospitals.)

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New Sign of Lead Poisoning.—In eighteen out of twenty persons affected with lead poisoning M. E. Destrée, in the *New York Medial Journal*, has observed a narrow zone of hyperesthesia at the level of the articulation of the manubrium with the ensiform cartilage. As a general rule, pressure on the sternum is readily painful only under one or two conditions—namely, when the bone is diseased, as is the case in leucocythemia with lesions of the bone marrow, or when the thoracic wall and the skin are hyperesthetic, as happens in hysteria, sometimes in neurasthenia, and often in chronic alcoholism. But in these latter cases the hyperesthesia is not found to be so limited in extent as it is in lead poisoning. Saturnine hyperesthesia is indeed a symptom of nervous origin, comparable to the intercostal neuralgias observed by Rosenthal. "There is nothing astonishing," says the author, "in the fact that the sternal hyperesthesia is so precisely marked, when we remember that Beau has ahown that there is never any anesthesia at the level of the scrobiculus cordis in lead poisoning, and that in lead colic there is very decided hyperesthesia of the abdominal wall.

* * *

Tubercle Bacilli in Human Milk.—The absence of much literature on the subject has led Dr. Stricker Coles to look for tubercle bacilli in the milk of women who were tuberculous, and he reports in the *Philadelphia Polyclinic* that they were present in two cases out of five examined.

CORRESPONDENCE.

THE LICENSE TO PRACTICE.

Editor MARYLAND MEDICAL JOURNAL.

Dear Sir:—In a recent number of your JOURNAL, under the heading of "License to Practice," you say, "It is the duty of every physician in the State to constitute himself a detective and report to the Secretary of the State Board of Medical Examiners all persons whom he knows or even suspects to be practicing medicine without a right." I would like to say that this must have been done to a very considerable extent, for in a conversation with the Secretary of the State Board of Medical Examiners, which was held over two months ago, he informed me that he had "a stack of names of men who had not only registered illegally, but had perjured themselves by doing so." Now, the question the profession of this city and State are asking is not about the number of illegal and perjured members of our profession, but what is the State Board of Medical Examiners going to do about this state of affairs? After an existence of nearly two and one-half years, does this body find that they have not the legal power to bring to the notice and assist the proper authorities in punishing the numerous law-breakers? If they have, why this delay in doing so? If they have not, why continue the farce of examining men for license to practice, causing decent and law-abiding men to come to this city from all parts of the State at great inconvenience and cost to them, plus the ten dollar fee to the examiners, while quacks, charlatans, faith healers, undergraduates, etc., go on as they did before? Indeed, they are in a better position, for most of them are now protected by a certificate to practice from either the Circuit Court of Baltimore, or some of the county courts. The Board of Examiners is a creature of the State Faculty; if the task of doing their full duty is too great for the present board, why not ask for assistance from the Faculty? There is no question but that the profession of this city and State are interested in this matter, and will support any active and determined effort to enforce the existing medical law, and *will condemn inactivity and indifference* on the part of those who are supposed to be in authority to execute, or direct the execution of the law as it now exists—even though it is our venerable and respected State Faculty.

Very truly,
WILMER BRINTON, M. D.

Editor MARYLAND MEDICAL JOURNAL.

Dear Sir:—I am very glad to furnish all information at my command on the subject of Doctor Brinton's letter, in this issue. As the counsel whom the State Board of Medical Examiners have consulted upon all legal questions arising in the performance of their duties, I have been obliged to advise them that there is not a line of any law, which imposes on them the duty of prosecuting violations of the law relating to the registration of physicians and surgeons, or to practicing as such illegally. Not only is their duty no greater than the duty which every reputable practitioner owes to his profession, or any citizen to his community, but there are perhaps considerations which might prevail, to prevent members of a board whose functions are judicial, so far as they go, from engaging as actively as other members of the profession in bringing violators of the law to justice. Nevertheless in the absence of any movement on the part of any other persons or organization in the medical profession, and in deference to the expressed wish of so many medical men, the Medical Examiners have expended much time, labor and pains in endeavoring to collect evidence on which to base prosecutions for violation of the law, which may yet result in securing sufficient evidence for the conviction of some of them. But in no case has any physician or surgeon outside the Board assisted to the extent of furnishing any evidence tending to prove the crime alleged, much less evidence legally sufficient to convict. Dr. Brinton's own case is a good illustration in point. Whatever names he

may have contributed to the "stack" of suspects, he will doubtless state frankly that he has never contributed the names of any witnesses who could prove the facts which constitute the crime alleged. If he had, and the Board had not forwarded them to the Grand Jury, he could and should have done so himself, for the Grand Jury is always sitting to receive such evidence, and the State's Attorney, Mr. Kerr, at the request of the Board, has promised to give immediate attention to the trial of such cases, and has offered to accept the assistance of any counsel suggested by the Board. Now, what are the facts necessary to be proved in the practical question for the profession? Substantially one, simple enough to state, but as experience has shown, difficult enough to prove, viz.: that contrary to his sworn statement the "suspect" was not "on or before June 1, 1892, practicing medicine in the State of Maryland." Bear in mind that the "suspect" himself, always the most valuable, and often the only, source of evidence on this subject, cannot be compelled to testify. But there are many facts, such as the actual residence, occupation and declarations of the "suspect" at the period, when he was a practitioner according to his affidavit, which would suffice to establish the fact contrary to his affidavit, which are susceptible of proof by others. For instance, that about or subsequent to such date the "suspect" had applied to be entered as a student in the first year's course at a medical college, would be valuable evidence tending to prove he was not a practitioner at the date in question. And here I ask Dr. Brinton, if the Learned Faculty of which he is a valued member has ever offered or is even willing to furnish accusations or proof of this kind against ex-students of their college, who are suspected by reason of the last mentioned facts of having registered illegally, inasmuch as they have graduated since the date in question and have obtained registration and license without standing the examination required of all who have commenced to practice since the date in question. Let the Board hear from other colleges on the subject, for it is a fact that it has received not even the offer of assistance in supporting the law from any of them.

But Dr. Brinton's letter foreshadows a question which the foregoing statement has probably made prominent in the thoughts of every interested reader. Is the law efficiently framed to accomplish its declared object of excluding ill-qualified and noxious practitioners and punishing violators? Obviously those interested in its enforcement will not desire to expose or anticipate any defects in advance of a test of it in the courts. But if there are apparently certain inherent weaknesses which contribute to make its immediate enforcement "the farce" Dr. Brinton describes it, he himself is one of the playwrights who composed this most amusing comedietta, and it would be unfair to him to give those he considers the actors on the boards credit for all the fun in it. The State Board of Medical Examiners did not construct this law. It was offered in the last Legislature by your humble servant, the undersigned, and drafted by his hand, under the direction of a Committee representing the medical colleges and certain medical societies in the State, of which Committee Dr. Brinton *magna and honorabillissima pars fuit*. This Committee reached an agreement by vote on every significant word in it. Such legal abilities as your subscriber possesses were put gladly and gratuitously at the service of the Committee, and the probable legal consequence of every phrase employed was indicated to and understood by the Committee. The problem before the Committee was no easy one. They endeavored to express as nearly as possible the sentiment of their profession, and deliberately chose to risk the commission of certain errors in order to clearly avoid certain others. Not to specify further, the Committee will not object to the statement, that while the representatives of the colleges naturally desired high requirements for candidates for the privileges of the profession, they contented themselves with ensuring such within the near future, and preferred not to cause the slightest inconvenience or

difficulty to the practitioner supposed to have already vested rights in said privileges. If this left the gates ajar for the riff-raff Dr. Brinton describes, they will not be left open long, as additions to the professional ranks by perjury as to the date of the commencement of practice are necessarily diminishing and must soon cease altogether. I think a reasonable period of time and the co-operation of members of the medical profession, so earnestly recommended by your valuable JOURNAL, will cure most of the nuisance which Dr. Brinton naturally and rightfully finds hard to endure, but unjustly imputes to the State Board of Medical Examiners. For reflection will no doubt compel him to admit that they have no more responsibility than he in permitting the objectionable situation, and owing to his membership of the aforesaid Committee on Legislation not as much share in possibly producing it. Certainly the Board is in no way reluctant to accept aid in the collection of evidence for prosecuting offenders, but would much prefer that this duty should be undertaken by other persons or organizations, to which it would render all the assistance in its power.

Very truly,

ARCHIBALD H. TAYLOR.

MEDICAL PROGRESS.

SEBORRHEIC ECZEMA IN CHILDREN.—Feulard (*British Medical Journal*) observes that attention must be given in the first place to the diet, which should be limited to milk, with the addition, in older children, of eggs. In the local treatment the first step is the removal of crusts, which may be effected by using warm coal tar lotions, preceded, if necessary, by poultices. After the crusts have been removed he uses gauze compresses soaked in a solution of resorcin (6 in 1000). These are kept constantly applied to the scalp by day, and are applied frequently to the face. By night an ointment is used, consisting of 1 part of balsam of Peru to 30 parts of vaseline. Later he uses fine starch powder, or a powder consisting of equal parts of starch and carbonate of bismuth. Recovery is rapid if the instructions as to diet are strictly observed and the dressings used with regularity.

* * *

MATERNAL IMPRESSIONS.—Old theories are often "thrashed over" with the hope of finding more substantial support than previous investigation has given. Dr. Hubert Work starts out in his article on maternal impressions in the *Medical News* with a strong prejudice in favor of this inexplicable phenomenon. He addressed a number of inquiries to men on this subject and the replies published point to a belief in this mental influence. His conclusions from this and his own cases are :

1. That both physical and mental defects follow maternal mental impressions with such frequency as to establish the relationship of cause and effect.

2. That these conditions are the result of changes in the blood, chemical, circulatory, or both, seems probable.

3. That the probability of defects in the fetus, from mental causes, is dependent upon the "mental habit or mental characteristics" (Norbury), or susceptibility of the mother.

4. That maternal anticipation of defect in the child has in itself no influence in the absence of a strong impression.

5. That the impression need not be lasting to cause defects.

6. That personal maternal injury is no more likely to mark the child than the sight of it in another.

7. That the defect is not necessarily similar in location or appearance to the object creating the impression, but is likely to be. The apparent constancy of likeness is due to the reporting of such cases only.

* * *

DIABETES.—Unschuld, in the *British Medical Journal*, draws attention to some of the less noticed symptoms in early diabetes. He quotes a number of illustrative cases in which the disease was masked by the presence of dyspeptic symptoms, nervous symptoms classed as neurasthenia, etc. Sometimes diabetes may quite accidentally be discovered.

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Room 22 Washington Loan and Trust Co. Building.

SEE PUBLISHERS' DEPARTMENT, PAGE 78.

BALTIMORE, NOVEMBER 10, 1894.

Drug Dispensing by Physicians.

THE dispensing of drugs by physicians in their offices has assumed such proportions that the pharmacists at their last meeting took up the question and decided to boycott all manufacturers who furnish physicians with their products for dispensing. There are two sides to every question and there are certainly two sides to this one. A physician has undoubtedly the right to dispense what he pleases, provided he does not attempt the compounding of complicated prescriptions without sufficient knowledge or skill; and yet outside the large cities and thickly populated districts where there are few or no pharmacists, the physician must of necessity be his own dispenser.

It is, however, not a good plan in general for a physician to dispense his own medicines except in case of the simplest remedies; for not usually having a large stock on hand, he may be tempted to substitute when the proper drug or combination is not available and thus run into that very danger of which he so often accuses the pharmacist. There are certain simple remedies, such as anodynes and cathartics, which are not intended to be repeated and the nature of which it is often important to keep from the patient's knowledge. These the physician can with advantage dispense, for a prescription which in this enlightened ago can be read by almost any intelligent person, too easily shows what is being given and renders unauthorized repetition an easy matter and in some cases may lead to a dangerous drug habit.

There are certain advantages in dispensing medicines in the office besides those above stated, which almost anyone can see; for instance, the physician knows exactly what the patient is taking and when he will return for further advice and medicine. There are, however, numerous disadvantages which far outweigh anything in favor of office dispensing. The busy man will hardly like to stop to put up or dispense drugs in the office, make a record of what was given, label and wrap the box or bottle. It is much more satisfactory to write a prescription and have it compounded by a good pharmacist and most well-to-do patients prefer this.

While some men will continue to dispense in the office and all will occasionally give out simple drugs, it is not very likely from present indications that the physician will ever be able to do without the skillful pharmacist, who not only puts up neat and palatable prescriptions, but most often detects the errors made by physicians in prescription writing and dosage and hence is a desirable safeguard when poisons are prescribed.

* * *

The License to Practice.

THE opinion expressed by our correspondent in regard to the apparent delay in prosecuting persons who have illegally registered as physicians having the right to practice medicine in Maryland, is probably the opinion of many. It looks indeed at first sight as if it would be more sensible not to register and save the fee. Unfortunately in the question of this right the burden of proof lies on the shoulders of the Medical Examining Board and in order that there may be no false steps taken, deliberation is necessary. If some are practicing illegally and have perjured themselves in registering, it must be proven and to this end testimony is necessary so that the prosecuting

attorney may have some ground for bringing action.

It is not always difficult to question the constitutionality of a law and get opinions at variance with the implied meaning of the law, and decisions are so uncertain in jury trials that the Medical Examining Board naturally wish to make haste slowly. That they are working in the right direction no one should doubt and the fruits of their work will soon appear. Few things in Baltimore or Maryland are done hastily, but in a conservative part of the country like this the right comes slowly and is lasting when it does come.

* * *

Maryland Health Officers Confer.

Organization and concentration of work are the order of the day. The spread of disease can never be stopped by single efforts. This the Secretary of the State Board of Health has appreciated when he called together the various health officers of the State, counties and cities of Maryland, for union of action. The health of the various parts of the State was discussed and united methods for stamping out disease were presented. In the case of typhoid fever, for example, it is only by an agreement of opinion as to the cause and prevention of this preventable disease that its morbidity and mortality rates can be reduced. This action on the part of the Secretary is very praiseworthy and it should be followed up by constant vigilance and quick action in time of danger.

* * *

Society Meetings at Cumberland.

Week after next, Cumberland will be the place of meeting of two medical societies. The Tri-State Medical Society, consisting of physicians from Western Pennsylvania, Western Maryland and West Virginia, will meet in Cumberland on Tuesday night, November 20, and the next day the Medical and Chirurgical Faculty will hold its semi-annual meeting, which will be continued until Thursday, should the programme be long enough. Nothing has been spared to make both these meetings a success. A number of men from Baltimore will go up and read papers and some from other parts of the State will be there. The Baltimore and Ohio Railroad has offered reduced rates and the committee in charge will make special arrangements at the hotels in Cumberland. In addition to that, the physicians of Cumberland will do all in their power to make the welcome a hearty one.

For those who go up on Tuesday afternoon there will be the meeting that night and the next day and if the State Society should see fit to convene but one day instead of two and if the programme can be finished without crowding or hurrying, those who wish it may take the night train that night from Cumberland and be in Baltimore the next morning in time for breakfast, and those who go to the Faculty's meeting only, may by spending two nights on the sleeping car be absent but one day and avoid a hotel bill. One thing may be assured and that is that the committee of arrangements will do all in their power to make every one comfortable and those who go will be repaid.

* * *

Busy Doctors.

Those who believe that figures do not lie are fond of collecting them to prove some disagreeable fact. These are the persons who count the inhabitants of a place and the number of physicians and then by a process apparently easy apportion so many patients to each physician. If all these persons thus dealt out to each physician were constantly in need of his asistance, every physician would have enough to to, but in the present state of affairs when persons are taught to take care of themselves and keep well and when many are in a good condition in spite of having broken every sanitary command, then it is hard to understand how so many physicians are so busy that they hardly have time to eat and sleep.

The London *Lancet* is just now complaining of the alarmingly healthy condition of the people and how hard it is for the hospitals to have enough interesting cases. Most persons have time to do what they wish to do ; it is very hard to find an opportunity for the disagreeable duties. Want of time and want of inclination are synonymous in this case. The physicians who say they are worked so hard are usually the ones who appear bright and early at the fashionable horse show, a foot-ball match or a "swagger function."

Many men are busy because they do not know how to concentrate their time and efforts and are unsystematic in their pursuits.

MEDICAL ITEMS.

Elkton, Maryland, has been thought of as the site for the new insane hospital.

The Richmond letter in our last issue was from the pen of Dr. Samuel J. Fort of Ellicott City, Maryland.

Dr. Charles S. Woodruff has been quite ill at his residence, 21 West Mount Royal Avenue. Dr. F. C. Bressler has recovered from his recent illness.

The death is announced of Dr. W. R. Thom, Jr., of Norfolk, Virginia. Dr. Thom was a graduate of the University of Virginia and the Medical College of Virginia.

Dr. George H. Rohé, Superintendent of the Maryland Hospital for the Insane, may be consulted in the city on Mondays and Thursdays from 3 to 5 P. M., at 865 Park Avenue.

Physicians in many parts of the world, especially those who do not view their own work through magnifying glasses, complain of a great scarcity of patients. This is particularly true of Great Britain.

Mr. William Silver Thompson, the oldest druggist in the city, died at his home near Waverly last week at the age of seventy-two. Mr. Thompson was a member of the old firm of Andrews and Thompson and was held in high esteem by the physicians and druggists of Baltimore and Washington.

The Johns Hopkins Hospital will establish an out-patient obstetrical department as is conducted in other hospitals. Physicians and nurses will be furnished without charge, but no case will be attended unless reported by the Charity Organization Society to be unable to pay a physician and a worthy object of charity.

The cable despatch that Dr. Nuttall of the Johns Hopkins had made a claim to be the discoverer of the serum cure of diphtheria is probably without foundation. Dr. Nuttall has done some of the best work on the germicidal properties of blood serum and his results quite upset the ingenious theories of Metschnikoff, but Dr. Nuttall has never worked in diphtheria and while his work may have been full of suggestion to Behring, Roux and others, it is hardly likely that a man of his standing would lay claim to a discovery in this public way. The best journals are always open for a dignified claim to priority.

WASHINGTON NOTES.

The regular meeting of the Obstetrical and Gynecological Society was held Friday night. Dr. W. P. Carr read an elaborate paper, entitled, Oöphorectomy for Fibroid Tumors, and reported several cases.

Dr. H. D. Fay presented a specimen of sarcoma of uterus and ectopic gestation; the ruptured tube was presented but the fetus could not be found.

Owing to so much unfinished business of the preceding meeting, the regular programme of the Medical Society last Wednesday night was not reached. The programme, which is as follows: Dr. F. B. Bishop, Electricity in Medicine, Essay, by Dr. Busey; Remarks on Dr. Adams' Case of Unilateral Hypertrophy; Dr. E. F. King, Aneurism of the Aorta, case and specimen, will probably be carried out next Wednesday night.

Dr. Geddings of the United States Marine Hospital Service was elected member of the Society by invitation.

Dr. J. W. Bovée presented a specimen of double tubo-ovarian cyst, removed from a negro woman. Dr. Bovée said this was a rare occurrence in the negro race.

Dr. Billings's paper was freely discussed by several members of the Society.

Dr. S. S. Adams offered a resolution, which was adopted, that the President appoint a committee of five to investigate the cause of small-pox in this city. The following committee was appointed: Dr. S. S. Adams, Dr. G. Wythe Cook, Dr. W. W. Johnston, Dr. J. Dudley Morgan and Dr. C. H. A. Kleinschmidt.

Dr. Reyburn proposed that Dr. Billings's report be referred to the Committee on Legislation for the purpose of proposing filtration of water for this city.

PUBLIC SERVICE.

CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY. FROM OCTOBER 30 TO NOVEMBER 5, 1894.

Capt. Walter W. R. Fisher, Assistant Surgeon, will be relieved from duty at Fort Columbus, N. Y. H., upon the expiration of his present leave of absence and will report for duty at Fort Meade, South Dakota, to relieve Capt. Norton Strong, Assistant Surgeon.

So much of the Special Order as directs Captain Ogden Rafferty, Assistant Surgeon, to report to the Commanding Officer Presidio of San Francisco, Cal., for duty is revoked.

Leave of absence for six months on Surgeon's certificate of disability is granted Major Clarence Ewen, Surgeon.

So much of the order as assigns Major William H. Gardner, Surgeon to Fort Custer, Montana, is revoked.

So much of the order directing Captain Alfred E. Bradley, Assistant Surgeon, to report for duty at Fort Keogh, Montana, is amended as to direct him upon the abandonment of Fort Sully, S. D., to report for duty at Fort Custer, Montana.

Capt. Strong, on being relieved by Capt. Fisher, is ordered to Fort Sheridan, Illinois, for duty at that post, relieving 1st. Lieutenant Geore J. Newgarden, Assistant Surgeon.

Lieut. Newgarden, on being relieved by Capt. Strong, is ordered to Fort Wayne, Michigan, for duty.

Leave of absence for four months, to take effect upon the final abandonment of Fort Ontario, New York, is granted Major John V. Lauderdale, Surgeon U. S. Army.

BOOK REVIEWS.

A PRACTICAL TREATISE ON ORTHOPEDIC SURGERY. Designed for the Use of Students and Practitioners. By James K. Young, M. D., Instructor in Orthopedic Surgery, University of Pennsylvania, etc. Illustrated with Two Hundred and Eighty-five Woodcuts. Philadelphia: Lea Brothers & Co., 1894. Pp. viii–17 to 446. Price, $4.

The present work is devoted to the consideration of the various deformities to which mankind is liable, and to the various diseases of the joints and of the spinal column. The author in his preface states that he "has endeavored to provide students and practitioners with a guide to orthopedic surgery, in accordance with the most approved knowledge of the present day." An inspection of the volume shows that he has succeeded admirably in carrying into effect the objects contemplated, as the book is conservative in tone, concise and lucid in style and amply illustrated. Especially pleasing is the author's conservatism in regard to the operative treatment of diseased joints, as he justly considers that joints should not be incised until after the failure of other methods. Dr. John Ashhurst is quoted as authority for the statement that "excision is in every region of the body at least as fatal as the corresponding amputation," but this statement was made in 1878 and ought not to be quoted in 1894, as a rule of practice. Excisions are certainly very much less serous operations at the present time than the corresponding amputations, especially in the case of the shoulder and hip-joints.

CURRENT EDITORIAL COMMENT.

MEDICATION OF CHILDREN.

West Virginia Journal.

IT is not rare for persons to submit their children to the tender mercies of the homeopath, yet retain rational medication for themselves.

LIMITED POWERS OF HEALTH BOARDS.

Boston Medical and Surgical Journal.

THE beneficent work of boards of health is limited by the powers and the means granted them. The increase of such powers and such means can only be obtained by emphasizing and reiterating the evils which their absence entails.

DANGERS OF BACTERIOLOGY.

Medical Record.

KNOWLEDGE is too often the result of dearly bought experience and the fact of one such case as this should go far to counteract the opinion, which has been growing apace since the last cholera epidemic, that the comma bacillus is a much-maligned organism, and is really not nearly so dangerous as was its repute.

THE PSYCHOLOGY OF QUACKERY.

Pittsburgh Medical Review.

ON no other matter, except, perhaps, religion, are so many superstitions found to obtain as on disease. What physician has not come in contact with grossest and ofttimes most vicious superstitions concerning disease and its cure? As we advance in the scale of civilization it is a lamentable fact that superstitions concerning disease cures do not disappear as rapidly as most other forms of superstition. Indeed it is not rare to find some of them, though perhaps not the grossest, among members of the community who are otherwise enlightened and cultivated.

PUBLISHERS' DEPARTMENT.

All letters containing business communications, or referring to the publication, subscription, or advertising department of this Journal, should be addressed as undersigned.

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TO PRACTITIONERS OF MEDICINE.

The Medical Law as repealed and re-enacted, with additions and amendments, by the Maryland State Legislature, has been printed at this office in neat and convenient form for physicians. Copies may be obtained at the Journal Office or will be forwarded by mail on receipt of 15 cts. in stamps or coin.

NOTES.

In tubercular ulceration of the rectum, cod liver oil should be used.

*

Buchu is not considered a good remedy in acute vesical irritation.

*

Opium may be administered very pleasantly and effectively in the form of svapnia.

*

Celerina should be used in lumbar pain, frequent micturition and intestinal indigestion.

*

An agreeable way of taking cod liver oil, if there is any agreeable way, is in soft elastic capsules.

*

Chloroform is preferable to ether in operations on the stomach, because there is less liability of vomiting and retching.

*

The iodide of sodium is the best drug to be used in aneurism, whether a specific history can be found or not. It should be given in large doses.

*

Lithia water is so bulky that many physicians prescribe the tablets which effervesce when put in water and are of known strength and purity.

*

Pulv. Antiseptic Comp., composed of some of the best antiseptics, is a specific in leucorrhea, gonorrhea and in all inflammations and ulcerations of the mucous membranes.

READING NOTICES.

Lanoline.—Lanoline is the ideal ointment base and is a curative agent of itself in many cases.

*

Peacock's Bromides.—I will unhesitatingly say that I consider Peacock's Bromides much superior to the ordinary bromides, and the Chionia I believe to be an extremely successful preparation or a very valuable therapeutic agent. I have used both with excellent success. —John J. Shaw, M. D., Plymouth, Mass.

*

Maltine.—A well-known writer happily characterizes the dual action of Maltine with Coca Wine in the following graphic manner: "The coca boosts the patient and the Maltine furnishes the peg that prevents him from slipping back." Other tonics afford only temporary stimulation with nothing to prevent the subsequent reaction.

*

Chronic Alcoholism.—

℞.—Tinct. Capsici. . . 2 drachms
Tinct. Nucis Vom. . 2 drachms
Celerina [Rio]. . . 1½ oz.
Syr. Bromide Comp. [Peacock]. . . . 2 oz.

M. Sig. Teaspoonful in water, four times daily.

Very valuable for old, worn-out drunkards.

DETECTIVES NEEDED HERE.

Superintendent Chas. Ainge, of the National Detective Bureau, Indianapolis, Ind., announces that two or three capable and trustworthy men are needed in this county to act as private detectives under his instructions. Experience in the work is not necessary to success. He edits a large criminal paper and will send it with full particulars, which will explain how you may enter the profession by addressing him at Indianapolis, Ind.

*

NEWSPAPER REPORTERS WANTED.

We are informed that the Modern Press Association wants one or two newspaper correspondents in this country. The work is light and can be performed by either lady or gentleman. Previous experience is not necessary, and some of our young men and women and even old men would do well to secure such a position, as we understand it takes only about one-fourth of your time. For further particulars address Modern Press Association, Chicago, Ill.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXII.—No. 5. BALTIMORE, NOVEMBER 17, 1894. WHOLE No. 712

ORIGINAL ARTICLES.

INTRODUCTORY REMARKS TO COURSE OF
CLINICAL DEMONSTRATIONS ON TYPHOID FEVER.

POST-GRADUATE COURSE, JOHNS HOPKINS HOSPITAL, OCTOBER 3, 1894.

By William Osler, M. D.,
Professor of Medicine, Johns Hopkins University.

TYPHUS fever has almost gone; relapsing fever we never see now; yellow fever has not reached these latitudes for many years; malarial fevers are becoming yearly less frequent; one member only of the old group of the fevers remains in full possession of its rights and privileges, still remains a witness to civic incapacity, to municipal folly, to domestic carelessness, and shall I not add, to professional supineness? Typhoid fever, the autumnal fever of the physician of the latter part of the last and of the beginning of this century, the slow nervous fever of Huxham, still numbers scores of victims in cities, towns and villages; and today, as at the beginning of the century, it is the serious fever of the year.

No disease demands a more careful and thorough study, since its manifestations are so varied and the larger your experience the more impressed will you be at the complexity of the picture which it presents.

Preliminary to, or rather concurrent with, your observation of the cases in the wards I would urge you to read the important literature on the subject, of which you will find the following in the library. Louis's great work on typhoid, both the original and the translation, by H. J. Bowditch; Gerhard's articles in the *American Journal of the Medical Sciences*, for 1837, in which for the first time the essential differences between typhus and typhoid fevers were clearly and succinctly announced; Bartlett's work on fevers (1842), in which the two diseases were separately considered and the differences fully acknowledged; Jenner's articles (1848), which have been recently reprinted with his contributions on diphtheria; the great work of Murchison on the continued fevers; the article by Liebermeister in von Ziemssen's Enclycopedia; while in Vol. 1 of the new French *Traité de Médicine* you will find an elaborate account by Chantemesse of the bacillus and the conditions under which it develops. I have also given the librarian for your use Brand's brochure on the treatment of typhoid fever.

Let me at the outset refresh your memories upon one or two points in the etiology of the disease. The bacilli or their germs are very widely spread, and though the possibility of infection through the air cannot be denied, yet undoubtedly they enter chiefly through the digestive tract with food or water. They settle in the lymph follicles of the intestine, in the mesenteric glands, in the spleen, and to a less extent in the liver, and after a variable period (the stage of incubation, in which they are growing and extending) produce suffici-

ent toxic material to cause symptoms. It is important to bear in mind that they do not settle on the mucosa of the bowel, but that they grow *in* its tissue, and they are not found in the feces until the middle or toward the end of the second week. It is an infection of the chylopoietic lymphatic system, not of the intestine alone, and there are fatal cases in which the bowel lesion, believed to be characteristic, has been extremely slight or even absent. There may be the most intense toxic and nervous manifestations with very slight intestinal affection.

The dangers of the disease in order of severity are : 1. The general toxemia. 2. The intestinal lesion. 3. The secondary infections. The typho-toxines may be produced in such quantity as rapidly to overwhelm the system, and patients may succumb within a week or ten days with intense nervous symptoms before the ulcers form in the intestines. In other instances the system fails gradually in a less profound but more prolonged toxemia.

The dangers from the intestinal lesion are very great. As the necrotic tissue separates, blood-vessels may be eroded and cause a fatal hemorrhage or the sloughs may be so deep as to extend through the entire wall, or in separating leave so thin a base that perforation subsequently occurs. These two accidents together account for fifty per cent. of the fatal cases.

Primarily causing an affection of the chylopoietic lymph glands the typhoid bacilli may themselves pass to distant organs and excite inflammations—nephritis, meningitis, pneumonia, etc., but more often the organs, weakened by the prolonged fever, fall a prey to the colon bacilli, the staphylococci, the streptococci, and the micrococcus lanceolatus, which cause the secondary complications and which constitute the third great danger in the disease.

Upon the question of the treatment of typhoid fever the profession has not reached any unanimity. I must say that the cases are still, as a rule, overdosed. I am sometimes appalled at the number and variety of drugs which are poured into an unfortunate victim with this disease. You will here have an opportunity of seeing what a non-medicinal plan of treatment can do, since a very large majority of our cases receive no drugs from the beginning to the close. We employ a systematic hydrotherapy, believing that on this plan a certain percentage of the cases are saved, and we shall continue to use it until some method is devised by which the mortality in large series of cases in hospital practice is reduced below six or seven per cent.

Not much progress has been made with the so-called specific treatment of the disease. Sterilized typhoid cultures have been used, but the number of cases is as yet scarcely sufficient upon which to base any positive opinion. I show you here the charts of two cases in which during last session we then employed cultures. Both were cases of great severity, and one patient after seven injections seemed so ill that we thought it better to abandon the injections and return to the baths. In the other case also the injections did not seem to have any special influence. Following one of the injections in half an hour the patient had a very heavy chill.

We should not, however, be discouraged, as the outlook for serum therapy seems at present unusually bright. Specific medication in the fevers has not kept pace with the enormous development in our knowledge of their etiology. Take, for example, the cases admitted during the past two days which you saw in Ward F this morning. In beds 8 and 10 we could say positively that by specific medication the fever would disappear and the patients would be afebrile at the time of the next ward visit on Friday ; whereas in the patients in beds 23 and 24 by no method of procedure with which we are acquainted could we arrest the progress of the fever. It is, however, quite possible that some day we may have typhoid fever under our control just as we have malarial fever.

I should like to call your attention to the fact that we do not give a preliminary calomel purge, nor do we mind if constipation exists. In looking over

any long series of cases you will find that those with constipation do better as a rule than those with diarrhea. It is extremely interesting to note how from time to time the profession returns to old ideas on practice which it had abandoned years ago. At present you will see a good deal in the journals about the eliminative and purgative treatment of typhoid fever. To promote in every way the excretion of the toxines (by keeping the skin active and by stimulating the flow of urine) is a most rational indication, best met by the use of water, external and internal. If the bacilli manufactured their poisons on the surface of the mucosa, calomel laxatives and intestinal antiseptics of various sorts would be indicated, but as I mentioned to you, the universal opinion of bacteriologists is that the bacilli are not found in the feces or on the mucosa until about the middle of the second week, by which time in severe cases a profound toxemia may have developed and many even have proved fatal. Later in the disease, when the sloughs have separated and the ulcers are present, the use of purgatives is, I hold, very bad practice.

The statistical details of the cases treated in the hospital during the first four years you will find in the Report on Typhoid Fever issued last spring.

During the fifth year of the hospital, ending May 15, 1894, eighty cases were treated to a termination, of which five died, a mortality of 6.2 per cent.; the total mortality during the four years since the introduction of the Brand's method has been in the 276 cases, 6.8 per cent. Of the fatal cases last year, two were admitted at the end of the second week; one was a man with extensive tuberculosis of the lymph glands; one died of perforation. One case, supposed to have meningitis, is of exceptional interest, as it illustrates one of the commonest mistakes in the diagnosis of typhoid fever. The case has very exceptional pathological features and will be reported in full by Dr. Flexner, but I will give you a brief abstract of the history. A colored girl, aged 18, had been ill, so she stated, for about five weeks before coming to hospital, during which time she had been feverish and had had occasional looseness of the bowels. On admission the temperature was 103°; pulse 120 and the tongue dry and brown. The abdomen was a little distended and the spleen could readily be felt. There was no diazo-reaction in the urine. She was irrational and had much vomiting. She was given sponge baths and ordered a creasote mixture, and morphia hypodermically in the evening.

On the 24th and 25th she remained much in the same condition, constantly moaning, but with the head thrown back. The temperature did not rise above 103°. On the 26th the vomiting was very persistent. It was noticed that the right arm was rigid, and it was very difficult to flex it. The pupils were equal and reacted to light. On the 27th the temperature fell to 99°; the head was thrown back; she resisted slightly any attempt to bend the neck; she answered questions with difficulty and was much confused. She lay with the eyes open and with a rather staring expression. She moved the left arm readily, but the right lay extended and motionless by her side, and if it were touched she cried out. There did not appear to be any tenderness about the joints, but there was a good deal of sensitiveness of the general surface. The deep reflexes of the left arm were active. There was well-marked ankle clonus on both sides and the knee-jerks appeared to be lively. The uterus and its adnexa were normal. There was a small amount of albumen in the urine, with a few red blood cells.

On the 29th the rigidity of the muscles of the neck seemed greater. The stiffness of the right arm persisted. The temperature on the 28th and 29th ranged from 98.2° to 100°; the greater part of the 29th it was below 99°. At the time of my visit on the 30th the right arm showed slight clonic movements, and at intervals became quite rigid. The temperature remained low on the 30th, and it was noticed that there was a slight swelling in the left parotid region. This led to a suspicion on the part of

Dr. Thayer that the whole trouble might really be typhoid fever. Previous to this we had regarded the case as one of meningitis. The vomiting continued and she sank and died on the evening of May 1. It is interesting to note that for nearly five days previous to her death the temperature for the greater part of each day was between 98° and 99°.

The autopsy showed characteristic lesions of typhoid fever, with the most extensive distribution of the typhoid bacilli in liver, spleen, lungs, kidneys and bone-marrow. The brain and spinal cord showed no changes.

Many of the so-called sporadic cases of meningitis are instances of this cerebro-spinal type of typhoid fever, in which the brunt of the disease falls upon the nervous system. The cases are sometimes extremely difficult to recognize, but it is well for you always to bear in mind Stokes's dictum, that in fever "there is no single nervous symptom which may not and does not occur independently of any appreciable lesion of the brain, nerves or spinal cord."

DESTRUCTIVE LESIONS IN ACUTE TUBAL INFLAMMATION.

Read Before the Philadelphia County Medical Society, October 10, 1894.

By George Erety Shoemaker, M. D.,
Philadelphia.

So much attention has been given to the clinical history and treatment of tubal and ovarian inflammation that the matter might seem to have been exhausted. Yet cases are not uncommonly appearing where the extensive character of the destructive processes going on has evidently not been realized. It is not every case which tends to recovery on expectant treatment, and it is worth while again and again to call attention to what may occur, if only to induce more men to use eye and hand in diagnosis, instead of relying altogether on clinical history.

So much attention has recently been given to the subject of appendicitis, that the rapidity with which its tissue may break down and the surrounding peritoneum be infected, is becoming widely understood, and a prompt appeal is now commonly made to physical examination; and, in the event of doubt, to the highest court available.

The present object is to present again the fact that inflammation of the tube also may be rapidly destructive, with the formation of pus in quantity great enough to endanger life through softening and rupture of its limiting wall; whether that pus be highly infective or not.

The analogy between the appendix and the tube is not without interest. Both are free in the peritoneal cavity, supported along the edge of a membranous fold; both have muscular, mucous and peritoneal coats.

They are not unlike in size, though varying greatly; while as to situation, the right tube lies very near and often in contact with the appendix, being frequently involved in the same inflammatory process. They are exposed from within to diverse forms of infective bacteria, but either may be infected from the other by continuity after adhesions have formed.

Catarrhal inflammations which do not go on to pus formation or degeneration of tissue occur in both structures, but more frequently in the tube, owing to its greater vicissitudes from situation and function.

The very rapidly progressive inflammations, however, going on to gangrene, rupture and death from peritonitis within three or four days, are relatively common in the appendix and rare in the tube, the destructive process usually taking much longer in the latter case, though everything depends on the character of the infection. A rapidly fatal case with gangrene of the tubal mucous

membrane is mentioned by J. Bland Sutton.

One cause of this difference is mechanical. In the case of the appendix, a hard body, usually fecal, just fills the lumen before the attack begins. The swelling of the mucous membrane makes the lumen too small for the body inside; pressure results which, aided by the ever-present bacterium, in a few hours causes strangulation and local death. In the tube, on the other hand, there is no foreign body and no local pressure, rupture occurring later at a point gradually thinned by diffused pressure and local degeneration.

Another reason for the relatively greater protection of the general cavity of the peritoneum in the case of the tube is anatomical.

Between its peritoneal covering and the muscular coat is a quantity of loose connective tissue, which, becoming thickened and distended by inflammatory cell infiltration, greatly strengthens the natural barrier against infection from within in the early stages of the disease, and gives time for the formation of adhesions without. In a tube from one of the cases reported this can be well seen. The wall near the uterine end has been cut partly through, and the outer or connective tissue envelope, about an eighth of an inch in thickness, is peeled back, showing the central rod-like portion undistended and still intact. That portion of the tube is not irretrievably injured in all probability. In some acute cases the same process is seen in the broad ligament which, after all adherent structures are removed, remains half an inch or more in thickness instead of only a line or two. The cellular tissue between the folds of peritoneum has been infiltrated. It has occurred to the writer to observe this condition best marked in subacute cases which have followed puerperal infection. There is a sense then in which what was once called "cellulitis" really occurs, though the ideas of pelvic pathology formerly held have been so largely proved to be erroneous.

Where salpingitis goes on to pus formation, the sequence of events is frequently as follows: The abdominal end of the tube is closed and its cavity distended by retention of the secretion of its walls and by pus formation. The layers of the mesosalpinx are separated until tube and ovary are in contact and adhesion occurs, or else tube and ovary adhere directly without splitting the mesosalpinx. The tube wall thins and the ovary becomes involved secondarily through a distended ovarian follicle, when tube-ovarian abscess results. The ovary now enlarges until its pus contents frequently exceed those of the tube and measure several ounces.

The after-history of these cases, if they escape an early death, is usually made up of progressive invalidism varied by intervals of relief, if by chance the pus empties intermittently into bowel or bladder.

When the abdominal end of the tube does not close quickly enough, peritonitis, which may, or may not, be limited, is set up by direct escape of fluid from the end of the tube, as in Case II.

Case I. *Tubo-ovarian abscess; operation; recovery.*—This illustrates the rapidity with which total destruction of the adnexa may occur, as the gross changes observed had all developed within a known period of eighteen days, or perhaps earlier. I made careful bimanual examination just at the beginning of the attack, and found the pelvic organs practically normal in size, while at the operation each ovarian abscess alone was three inches or more in diameter. The woman was twenty-three years old, married seven years, childless; her second miscarriage, four years before, having been followed by sepsis, which had left her with various pelvic symptoms, but no gross lesions. She was well nourished, and able to work until an acute attack of pelvic distress brought her to the Methodist Hospital, where she at first entered the surgical service of Dr. H. R. Wharton. When seen by the writer in consultation she presented a flat abdomen, tenderness in a prolapsed left ovary and in the bladder wall, but both tubes and ovaries were normal in size, as was the uterus, which was noted as forward and movable. The general

condition was good, and many details of examination, purposely omitted here, were negative. In other words, though she was afterward proved to be on the eve of a violent attack of pelvic inflammation, it had as yet scarcely begun. General treatment was advised, with laxatives and hot douches. She grew rapidly worse, however, in the next ten days, the temperature reaching 104.2°, and exquisite tenderness and tympany supervening.

When examined by Dr. Kynett, under whose care staff changes had now brought her, the uterus had become fixed, and a tender mass had appeared on the right. Eight days later she had been transferred to the hands of the writer, and the abdomen was opened. With care and gentleness an attempt was made to separate the adherent coils of intestine from a large mass at the right, but several ounces of thick yellow pus immediately welled from the wound. The sac was evidently on the point of rupture on its upper convexity, where a blackened, sloughing area, an inch in diameter, was about to give way at its center. With some difficulty a tubo-ovarian abscess was excavated from each side of the pelvis. The lumen of either tube was of the diameter of the thumb, the length increased to about six inches, while the two principal pus sacs, one apparently in each ovary, were three or more inches in diameter. The sac on the left was in the recto-uterine cul-de-sac, and contained highly offensive dark-red pus. Being tightly wedged in the depths of the pelvis, held below by firm adhesions, and having a wall much softened and degenerated, this sac also was ruptured in removal. Both tubal and ovarian sacs were completely removed. Because of the black and degenerated appearance of the adhesions which occupied Douglas' pouch, and of the thorough infection of the pelvis by pus distribution during the operation, after flushing and a careful toilet, a gauze handkerchief stuffed with strips of iodoform gauze was packed into this space, and brought out at the lower end of the wound below the glass tube. This gauze was removed on the second day, and stitches, previously put in, tied down as far as the glass tube, after the cavity occupied by the gauze had been cleaned with hydrogen peroxide. For the first two days only there was some vomiting, and liquid food in small quantities was given by the bowel.

Glass tube out on the seventh day. The convalescence, somewhat slower than usual, was complicated by slight superficial suppuration about the drainage tube end of the wound, so that the patient was not allowed to sit up until the twenty-eighth day, instead of on the twenty-first, as is my routine practice. She was discharged well, five and a half weeks after the operation. She reports herself well five months later, though with some pain at times.

This specimen, though shrunken by several months' immersion in alcohol, serves to show the condition of the tube and its free communication with the ovarian sac. The point of softening and imminent rupture is seen as a small opening. It would be difficult for me to believe that these extreme changes had occurred so rapidly had I not had an opportunity of mapping out the parts beforehand.

CASE II. *Post-puerperal inflammation of both tubes and ovaries, with left pyosalpinx and hematoma of right ovary; operation; recovery and cure.*—This case illustrates a less advanced condition than the other, pus formation having occureed in one tube only, while different portions of the specimens serve to illustrate steps in the process of destruction.

S. B., aged thirty years, married nine years, three children, three miscarriages. Menses normal until two periods missed four months before. Probable miscarriage two months before applying, with recurrent hemorrhage and several attacks of sharp abdominal pain since, though working as usual. Five days before there was a sharp attack of pelvic pain with fever, which confined patient to bed two days. Examination on admission to the Methodist Hospital showed a subinvoluted uterus, with cervix soft and patulous, with tense fixed tubo-ovarian masses on each side. There was endometritis, but no physical

signs of extra-uterine pregnancy were present, though the history suggested it in many ways.

Celiotomy was done next day, after first curetting a quantity of soft tissue resembling placental debris from the uterine cavity, which was irrigated thoroughly and packed with iodoform gauze for drainage.

Abdominal incision showed the small intestine and sigmoid flexure moderately adherent to the tubo-ovarian mass. On the left a small pocket of grayish-red pus, not offensive and not over two drachms in quantity, was disclosed outside the tube and walled in by adherent intestine. This was in all probability the result of leakage of the tube before its outer end was sealed. The ovary was normal in size, inseparably united to the tube, which was hard and contorted, its color very dark-red, but nowhere black. The mesosalpinx was not split. The tube was thickened by cell infiltration at the uterine end, gradually enlarging from a diameter of one-half to one inch at the ampulla, which contained reddish-gray pus. Both tubes were sealed and their fimbriæ lost in adhesions. Both broad ligaments were infiltrated to a thickness of half an inch. The right tube was shorter and smaller than the left, but though firmly buried in strong adhesions it contained no pus. It was very hard. The right ovary contained a hematoma about two inches in diameter, the blood being black and semi-fluid. Total removal of tubes and ovaries; flushing; glass drainage; good recovery. The woman was seen well and working five months later, complaining only of the flushing due to artificial menopause.

The specimen here shown exhibits in its different parts stages in the progress of salpingitis. Near the uterine end of one tube which has been split may be seen the greatly swollen longitudinal folds of mucous membrane not yet adherent together. Mucous surfaces do not adhere, when inflamed, as early as do serous surfaces. These folds, when swollen, very tightly fill the tube, so that it feels hard, and when it is cut longitudinal they appear to have been enclosed in a space too small for them, so that the incision will not close again. Farther out in the dilated ampulla pus was found, and the structures are extensively altered in appearance. The fimbriated end had been sealed by covering in the fimbriæ and packing them together inside the tube, the serous covering swelling and uniting outside them. Though they are somewhat adherent together, they still can be distinguished. Later on in the disease they would become disorganized or lost in the wall of what had become simply a pus sac with smooth rounded end.

ILIAC ABSCESSES, NON-SPINAL IN ORIGIN.

Read before the Philadelphia County Medical Society, Oct. 10, 1894.

By DeForest Williard, M. D.,
Philadelphia.

Iliac abscesses arising from causes other than spinal caries are not infrequent. Accumulation of pus in this region should receive careful attention, as the prognosis will be greatly influenced by the source of trouble. I have seen a considerable number of these pus accumulations either from direct or indirect violence. In several instances the individual has been conscious of a sudden pain or "giving way" within the pelvis during violent exertion or sudden wrench of the body, or from other peculiar movements. This is usually followed by pain or discomfort. In two or three of my cases the pain has lasted for months, and in one instance for a year, before any positive results were discoverable. In the majority of cases a rupture of some fibres of the iliacus probably takes place, suppuration follows and the pus slowly makes its way downward toward Poupart's ligament.

There is usually slight flexion of the

leg, or at least an inclination to relieve the pain by relaxation of the tense sheath.

At the present day it is well to remember that an individual may have pain and inflammation even in the right iliac region without having appendicitis, and that a woman may have a pelvic abscess which is not due to tubal disease.

One case I recall where a man had suffered for months and had become greatly emaciated and exhausted, presenting the appearance of tubercular disease, yet was speedily and thoroughly cured by through-and-through drainage of a pus cavity in this region.

In another case the condition found was apparently due to degeneration of the tissues from an attack of the grip. The patient was not conscious of any injury having been received in this region, yet there was a possible history of rupture of some of the fibres of the iliacus several months previous to an attack of influenza. When seen he had high temperature, chills, perspiration, etc., and had been in bed many weeks, suffering intensely with pain down the leg and in the hip. The hip was partially flexed and adducted, but there was no thickening about the trochanter or hip-joint. The left iliac fossa was firm and dense and a large tumor presented under Poupart's ligament extending down the vessels.

Two quarts of pus were evacuated through an incision just below the anterior spinous process and a tube was carried back to a counter-opening made above the crest of the ilium. No bare bone was discoverable and all the symptoms of hip disease were speedily relieved. There was absence of evidence of spinal caries.

In another case the mass was at first believed to have originated from an appendicitis, but this supposition was afterward proven to be unfounded.

In another instance there was deep-seated pain, emaciation and so-forth, indicating malignant disease. An incision was decided upon with the result of obtaining a large amount of pus; successful recovery ensued. In this case there was absence of all evidence of bone disease and the result justified the diagnosis.

The conditions with which these abscesses are most liable to be confounded are abscess from spinal caries, from hip disease and from innominate disease. I have seen a number of cases of the latter complaint, where the caries has been situated upon the inner side of the innominate bone, and in one instance ostitis was at the internal face of the sacro-iliac junction.

It is frequently difficult to decide in a case of bared iliac bone, whether the bone lesion was primary or whether it is a secondary result from maceration in the pus.

A careful history of each case is requisite in arriving at a conclusion and in some instances a diagnosis is only possible after an incision. In spinal caries there will necessarily be rigidity of the back, but not necessarily pain nor even deformity. If there is vertebral ostitis there will usually be a history of "stiff back." Of course, if kyphosis is present, the diagnosis is easy.

A diagnosis from abscess from hip disease which has perforated the acetabulum is not always easy. There may be flexion of the hip; there may be adduction or abduction and there will necessarily be rigidity with fixation, especially if tension be put upon the iliac muscle. To make a correct diagnosis requires close attention to the whole group of symptoms. If a surgeon considers a single symptom rather than the group he will find it easy to confound these abscesses with any one of the conditions already mentioned.

I have seen a number of cases of sarcoma in this region (*Medical and Surgical Reporter*, 1894), and in the early stage I do not believe that it is possible for anyone to arrive at a positive diagnosis. The history may throw some light upon the subject; but as many sarcomas are lighted into discoverable existence by injury, even this is of but little service.

SOCIETY REPORTS.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

MEETING HELD OCTOBER 10, 1894.

Dr. George Erety Shoemaker read a paper on DESTRUCTIVE LESIONS IN ACUTE TUBAL INFLAMMATION. (See page 82.)

Dr. M. Price: I have been much pleased with the report and with the success of both operations. I think that I cannot exactly agree with the doctor in considering a case of eighteen days' duration as altogether acute. Many of these cases go on to a fatal termination before going to such a length of time. I have seen cases of gonorrheal salpingitis where the gonorrhea had existed only a few weeks, and the ovarian and tubal trouble only a few days, when the tube was removed with pus pouring from its end. The gonococcus would probably have been found in great numbers if it had been looked for. In this case there was a general peritonitis with inflammatory lymph covering the intestines in twenty-four to thirty-six hours. I remember three cases of forcible dilatation where general peritonitis with pus pouring from the tubes at time of operation existed eight days after dilatation. I believe that many of these cases which ended fatally are considered to be cases of appendicitis. I have also found many of these cases of pelvic trouble complicated with appendicitis. A few months ago I operated on a woman who had for years suffered with so-called appendix trouble. The principal evidence in favor of this was the position of the woman who bent over to the crippled side with her hand in that position. At the operation the tube was found fused to the ovary. It is often impossible to say in these cases whether the primary disease was in the appendix or in the tube. In these cases recovery is rapid because the patient has been prepared for a certain amount of suffering, and the peritoneum has been educated as it were to bear almost anything.

The only thing that I can criticise, and I can do that conscientiously, is the use of gauze drainage. If glass drainage alone had been used it could have been removed at the end of thirty-six hours. There is always sloughing and dirt following gauze drainage. While I use it in abscesses where the peritoneum has not been opened, I insist on its removal at the end of twenty-four hours, and its reapplication. Where gauze packing is used within the peritoneum the membrane is exposed to injury, and the viscera are wounded in its removal, as it adheres to everything, aud its removal requires considerable force, unless it is left for a long time. With gauze drainage you run fifty per cent. more risk of death than if glass drainage alone has been used.

Dr. Senn has recently asserted that glass drainage causes fecal fistula. I can select the cases that are going to have a fistula. At time of operation in cases of abscess of the ovary or tube allowed to run on for a long time, with several attacks of pelvic inflammatory trouble, you will often find a necrotic bowel requiring the use of the Murphy button for resection. If glass drainage is used with care, and the tube properly placed, the chance of avoiding fecal fistula is very good, and the patient is safe. In a case operated on during the past year I was sure that there would be an injury to the bowel, for the abscess on the left side had several times discharged through the bowel, and I knew that there was a sinus or such adhesions as would necessitate wounding the rectum. In this case a drainage tube was placed in the left cul-de-sac, and within forty-eight hours feces poured out by the tablespoonful. That case went on as nicely as could be and recovered. I could point out four or five cases in the past year where before the operation was completed we had every reason to expect fecal fistula, and in every case recovery occurred without difficulty.

Where feces is discharged through the drainage tube a little different treatment is required. The tube should be left until you are sure that the drainage tract has been mapped off from the general peritoneal cavity. The treatment of this drainage tract is a matter for consideration. It should not be touched

with a syringe, or any attempt made to clean it below the skin. If you do you will have complications and injury to surrounding viscera, giving a fistula which is incurable. All these cases should get well, and the charge that the drainage tube is responsible for fecal fistula, I think, is a great mistake. I have seen thirty fecal fistulæ, and every one has healed under the treatment mentioned.

Dr. G. G. Davis: My observation does not correspond with that of Dr. Price, that fecal fistula always heals. I have seen several fecal fistulæ the result of abdominal operations that have not gotten well. I cannot see why the simple cleansing of a fecal fistula should retard its healing, and I do not believe that it does. Dr. Price's objection to the use of the syringe may be a good one if the nozzle of the syringe is long, and it is thrust in deeply and sufficient manipulation made to materially disturb the parts; but that would be followed by hemorrhage, and I think that no one in cleansing the parts would use such violence. If all the cases that Dr. Price has seen recover, his sources of information must be more limited than mine have been.

Dr. Price: Dr. Davis states that he has seen cases that did not get well, and he admits that the syringe was used, and this was a good reason for the failure to close. Every fistula which is syringed does badly. The kind of fistulæ that do not get well are those due to tuberculosis. There is also another class that do not close, and that is those where there are sloughs of the bowel from injury, and the bowel is in close contact with the skin, and there is no intervening tissue which can bridge over the opening. These will not heal without operation, but deep fistulæ, not tubercular and where the lumen of the bowel is sufficiently large, always recover.

Dr. James M. Brown: I was much interested in Dr. Shoemaker's allusion to the relation between appendicitis and ovarian and tubal trouble. Two cases of appendicitis, amongst several that I have had in the past year, I believe to be the result of primary pelvic trouble, probably ovarian trouble. In both these cases operation proved the presence of appendicitis. The point I wish to make is that in these cases the probable cause was primarily some pelvic inflammatory trouble. A third case still under observation had recurrent attacks of appendicitis with each menstrual epoch for a number of months. Then the attacks became more frequent and occurred between the menstrual periods. For the past two months there have been no attacks. I grant that it requires some care to distinguish a condition of this kind occurring in connection with the menstrual epoch, but I think that the diagnosis has been positively made, and if there is recurrence of the attacks operation for removal of the appendix will be done.

Dr. H. A. Slocum: I would ask Dr. Shoemaker if he has determined the cause of the rapid change in the case reported? Whether it was due to the condition of the patient or to some particularly malignant germ? The history of the first case emphasizes the necessity of taking special care in the treatment of cases of miscarriage, and, if possible, to thoroughly cleanse the uterus and thus prevent troubles which may follow long afterward.

Dr. Shoemaker: In reply to Dr. Slocum I would say that the rapid growth of the abscess is not without its analogy in other parts of the body where there is no dense fascia, and where the tissues involved are only connective, muscular or glandular. We have the rapid formation of large abscesses, the material in which comes from the degeneration of the cell infiltration after inflammation.

The question of the use of gauze drainage in tubal and ovarian inflammatory troubles does not often come up in operations, as total removal and careful toilet usually suffice. In this case the adhesions look so black that I hesitate to trust glass drainage alone, and the result made me satisfied with what was done. I do not recall that I have had to use gauze drainage in a tubal or ovarian pus case before, and I hope never to do it again; but we all know by experi-

ence its value in some forms of appendicitis. If a handkerchief of gauze is used with a ligature attached to its center inside, and this is stuffed with strips, the removal is facilitated.

Dr. De Forest Willard read a paper entitled ILIAC ABSCESSES, NON-SPINAL IN ORIGIN. (See page 85.)

Dr. M. Price: Some time ago, while in Muncy, I fell in conversation with a man who in early life had hip disease. A few years ago a tumor appeared on the previously diseased side, and he came to Philadelphia, and was examined by a distinguished surgeon who told him that he had tuberculosis, and that the result would be fatal, and nothing could be done. He consulted others, but no one would operate. He returned to his home, and he spent three or four months in bed. He insisted that the mass should be opened, but none of the local physicians would do it. Finally he took a razor and went in above Poupart's ligament, and at once a large quantity of pus escaped. In six or eight weeks he recovered and has since remained well. I have no doubt that that was an abscess of the character of which Dr. Willard speaks. We should never turn away any of these cases without a thorough investigation.

The other day a case came to the hospital. He was an epileptic, and fifteen weeks ago he had fallen from a cherry tree. A week later a tumor developed in the splenic region. On examination I thought that he had a splenic abscess. I made a small incision and two or three quarts of peritoneal fluid escaped. The peritoneum had evidently been injured and a localized peritoneal dropsy had been the result.

I was recently asked by Dr. Keller to assist him in opening an abscess of the kidney. We carefully cut down on the abscess and, evacuated two or three quarts of pus. The finger could be passed over the crest of the ilium toward the pelvis. The boy made a good recovery. This was another case due to injury.

Dr. William J. Taylor: I have only one case bearing on this subject. an Italian while lifting a heavy weight felt something give way in the right side; in two weeks a tumor appeared midway between the anterior superior spine and the umbilicus. This gradually increased in size. I saw him in consultation, and came to the conclusion that it was some form of abscess. I made an incision and found a very extensive abscess extending around toward the right kidney, but outside of the peritoneum, evidently a perinephritic abscess. With drainage he recovered, and the wound healed nicely, and he had no trouble for eighteen months. Then the whole thing recurred, and six weeks ago I again operated on an abscess in the same position. In three weeks it healed absolutely, and he is again well.

Dr. H. A. Slocum: I recall two cases presenting symptoms similar to those of iliac abscess. One was in an English woman with a large scar in the iliac region, the result of an operation in England four or five years ago. I assisted in the second operation of inflammation in the right side and found remains of the broad ligament in the scar on the left showing that the abscess had been connected with the pelvis, In another case which had been under observation for eight years, and which I advised operation, the symptoms presented before operation might have been mistaken for those of iliac abscess. The tubes, ovary and omentum formed a large mass which raised the abdominal wall three-fonrths of an inch in the left iliac region. The whole mass was found agglutinated and was removed. She is now perfectly well, three years after operation.

Dr. James M. Brown: I can recall two cases from traumatism. The first case was that of a man who while supporting a heavy weight felt something give way in the left iliac region, incapacitatiug him for work for a few days. He afterward was compelled to give up work, and in a few months an abscess formed and opened above the crest of the ileum posteriorly. This man refused operation and died with albuminuria. In the second case the man fell, striking the left lumbar region. Here the same course of events followed with exception that the opening occurred anteriorly and the man recovered.

Dr. Willard: My object in calling attention to this group of cases was simply to emphasize the fact that abscesses in this fossa may occur independent of spinal, hip, tubal, or appendiceal disease. These cases show that abscess here is like other abscesses. I believe that pus in the body is harmful; If we can evacuate it safely we should do so, and as soon as it is probable that pus is present we should make an incision and explore. This prevents the abscess from extending and burrowing, and avoids the danger from high temperatures.

CORRESPONDENCE.

CUMBERLAND LETTER.

CUMBERLAND, MD.,
NOVEMBER 9, 1894.

Editor MARYLAND MEDICAL JOURNAL.

Dear Sir:—The Association of Physicians and Surgeons of Cumberland held their annual meeting last night, and the following officers were elected for the next year: Dr. J. J. Wilson, President; Drs. Geo. H. Carpenter, and Wm. J. Craigen, Vice-Presidents; Dr. John A. Twigg, Secretary; Dr. A. L. Porter, Treasurer. After the meeting the members partook of a banquet at Matthew's. The association is in a flourishing condition and is doing much to elevate the standard of medicine in this city. The local committee of arrangements both for the Tri-State Medical Assooiation, and the Maryland Faculty are perfecting arrangements for the meeting of these societies on Nov. 20, 21 and 22. A pleasant and profitable time is promised to all who attend. Very truly,

E. T. DUKE, M. D.

STATE HEALTH OFFICERS.

Editor MARYLAND MEDICAL JOURNAL.

Dear Sir:—In reference to the conference of Health Officers recently held, I would say that six months ago I conceived the idea of bringing the County Health Officers into an organization for several purposes. First, I wanted them to recognise themselves as the responsible Health Officers of their counties. Secondly, I wanted the County Commissions to recognise their importance, and thirdly, I wanted the public of the counties and the State generally to be impressed with the importance of such official guardians of the public health. Finally I believed that an interchange of views, a comparing of notes, and consultation as to the needs of better methods and stronger laws for abating nuisances and preventing the spread of communicable diseases, would be greatly to the advantage of and benefit to, the cause of sanitation. In other States much good work in this line has been accomplished and I hope for as good in ours.

Very truly,

JAS. A. STEUART, M. D.,
Secretary and Executive Officer of the Maryland State Board of Health.

MEDICAL PROGRESS.

INOCULABILITY OF CANCERS.—Gratia has presented a report to the Belgian Academy of Medicine (*British Medical Journal*) on a series of experiments made by him with the co-operation of Liénaux of the State Veterinary School, relative to the inoculability of cancer. They used both the grafting and the inoculating methods. They grafted fresh cancer in the skin, peritoneum, and wall of the stomach. Except in one case they always obtained immediate union. For the inoculations they employed fresh cancer juice, got by scraping or pounding of primary or secondary tumors. This juice, either pure or diluted with sterilised bouillon, was injected in doses of ¼ to ½ a cubic centimeter or more. As sites of inoculation the organs which are most commonly attacked by cancer were chosen by preference. The results of all the attempts of the author to transmit cancer from dog to dog whether by grafting or by inoculating, were uniformly negative. They were led to conclude that in the experimental conditions under which they worked, cancer did not appear to be inoculable, even in individuals of the same species. From the facts at present known they draw the following conclusions: (1) The parasitic

nature of cancer has not been conclusively demonstrated ; (2) The contagiousness, direct or indirect, of the disease is not proved ; at most the possibility of the transplantation of cancer by grafting may be admitted, and that chiefly in persons with a special predisposition, such as those already suffering from cancer.

* * *

Glycosuria Caused By Nasal Obstruction.—Bayer of Brussels (*British Medical Journal.*) reports a case in which he thinks nasal obstruction was responsible for the production of glycosuria The patient was a man aged 45, who complained of general *malaise*, buzzing in the ears, headache, and inaptitude for mental exertion. He soon began to suffer from thirst and polyuria ; he lost appetite and become so weak that he could hardly stand. His throat was dry and his nose almost completely blocked owing to a chronic catarrhal hypertrophic condition of the mucous membrane. On examination of the urine it was found to contain sugar in considerable amount. The ordinary remedies for the constitutional state were given, and the nasal obstruction was treated at the same time. After three sittings nose breathing was re-established, and the sugar had markedly diminished, and in proportion as the nasal channels were cleared the glycosuria abated. In a few weeks there was no trace of sugar, and the patient was well and hearty. Some months later nasal respiration again became embarrassed in consequence of a cold, and sugar reappeared in the urine; cure of the nose trouble was again followed by cure of the glycosuria. The author asked whether the production of glycosuria is to be explained by the deprivation of the oxygen required for the combustion of the glucose which was the result of the nasal obstruction ; or whether it is an effect of a reflex action on the nerve centers particularly the bulb, expressing itself by nervous and vasomotor disturbances. Without altogether excluding the former hypothesis, he is inclined to assign the predominating share in the production of the glycosuria to a reflex action on the nerve centers which control the circulation and the gastro-intestinal and hepatic secretions, giving rise to trophic disturbances in other parts of the economy.

* * *

Arthrotomy for Stiff Elbow.—It is only within recent years that surgeons have dared to open joints and explore synovial cavities and hence Dr. Samuel Lloyd in the *American Medico-Surgical Bulletin* says that it is with temerity that he suggests this operation. He had had several cases of stiff elbow joint which he opened, broke up old adhesions and used passive motion with the result of getting a useful joint. His conclusions are :

That the greatest care should be taken to reduce the fragments and preserve the natural contour of the elbow-joint after all fractures invading it.

That the loss of carrying function or other deformity is not due simply to the splints employed, but to the action of the muscles drawing the fragment in the direction of the resultant of the forces. Therefore, no absolute line of treatment can be outlined, but the fracture should be treated in that position that subserves the purpose of keeping the joint absolutely at rest and the fragments in proper position.

That the deformity resulting after these injuries is quite as frequently, if not more frequently, due to displaced fragments and to callus, than to fibrous ankylosis.

That care should be taken to determine the cause of the deformity. If it is fibrous, it should be broken up under ether and passive motion employed until the joint is perfectly free ; if on the other hand, it is found to be bony the joint should be opened and the bony impediments to proper motion removed.

That in compound fractures the wound should be enlarged, rendered aseptic, the bones replaced and held in position, and the joint treated as in simple fractures.

That if the fragments cannot be replaced in a simple fracture at the time of dressing, they should be cut down upon and fastened in position.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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SEE PUBLISHERS' DEPARTMENT, PAGE 97.

BALTIMORE, NOVEMBER 17, 1894.

Vital Statistics of the Negro.

TO LOOK at the mortality tables of the larger southern cities, one might be led to believe that the colored race was dying out in this county; but with rapid immigration to the cities and large birth rates, its number is kept up. It is a fact that under almost all circumstances the negro has a smaller chance against disease and death than the white. Dr. Ball thinks that the difference between the mortality rate of the white and colored race is due to social causes and environment, and he believes that if the negro was placed under the same social influences from childhood up as the white, these differences in mortality would be very slight or possibly disappear.

Mr. Frederick L. Hoffman, has, however, brought together in the *Medical News* a large amount of statistics to prove that the negro has a well marked proclivity to disease, even when placed in as favorable conditions as the white. In many of the southern cities, as in Baltimore and Washington, this is well illustrated, where the death rate is from fifty to one hundred per cent. greater than the white. This of course is in part accounted for by the different social conditions as noted by Mr. Hoffman. He quotes from the records of the United States Army and also uses the language of the Surgeon-General who says that with equal chances and on the same footing in every respect, the colored soldier shows a greater tendency to disease and death than the white.

Still further, he takes the mortality rates from the West Indies where out-door life and an existence of almost idleness would be largely in favor of the negro and where the white so often succumbs, and here the mortality tables are much higher than the corresponding tables in cooler climates. Mr. Hoffman then takes the average duration of life for the white and colored race in Washington and finds that on an average the white has a longer duration of life by some ten or twelve years than the colored. A mass of facts and figures are recorded to show the weakness of the colored race and statistics are quoted from various cities and States and diseases are enumerated. It would be interesting to have some figures on the average increase of population in cities and States of the whites and negroes.

Some of Mr. Hoffman's figures might be called in question, especially in those places where the colored population is small and the whites are many, or on the contrary where the colored abound and the whites are few and acclimated. Still, on the whole the points are well taken. The writer does not say that the negro race is doomed and is gradually dying out, but he concludes that if a change is to be brought about it will be only by making the negro learn obedience to the laws of morality and hygiene, and to distinguish between liberty and license. He thinks that the negro needs education, but he fails to note that many are not capable of receiving it. The articles is evidently written from a southern point of view.

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Serum Therapy.

THE serum treatment of disease seems to have been inaugurated with some show of success, but the difficulties of preparing the antitoxines and the time necessary will greatly limit their use and increase the expense of treating cases outside of large institutions.

As is usual in such cases, rose colored reports come in from men who have treated single cases. It would be just as well to withhold reports of any kind until the remedy is better understood and the dangers and difficulties have been explained. It will not be long before quacks and imitators will be produciug a substance which they will claim to have all the properties and virtues of immunized serum, and safeguards should be so thrown around the use of such powerful remedies, not for the purpose of keeping anything secret, but for protection of a public so easily duped.

If the mortality from diphtheria can be reduced so readily and so markedly as has been stated, a dreadful disease will be robbed of its terrors. Several cities have undertaken to make bacteriological diagnoses for all those physicians who desire it and now if treatment can be afforded to all those with genuine diphtheria one of the greatest triumphs in medicine in the nineteenth century may be recorded.

* * *

The Cumberland Meetings.

ARRANGEMENTS are now complete for the medical meetings to be held in Cumberland next week. The programmes published in this issue show what material will be represented there. In addition to those who will read papers a large contingent of the profession both from the city of Baltimore and from other parts of the State will be present and take part in the discussion. The profession of Cumberland has made preparations and the hotels and railroad have given special reduced rates. Every one who can spare the time should be sure to go on, as apart from any scientific interest that such meetings arouse, they always provide a means of relaxation for the hard worked man and promote that union and goodfellowship so necessary in every calling.

The following letter has been sent out by the Committee on Programme of the State Society.

To the Members of the Medical and Chirurgical Faculty of Maryland.

Dear Sir :—

The Committee of Arrangments on the Semi-Annual Meeting of the Faculty desire to call your attention to the fact that the next meeting will be held in the city of Cumberland on November 21 and 22 proximo. The programme of this meeting is herewith enclosed. The Committee invites the co-operation of each member of the Faculty in making this meeting a success. It has been six years since the semi-annual meetings of the Faculty were revived. During this time the Faculty has met in Hagerstown, Cambridge, Rockville, Easton and Annapolis, each meeting being well attended and successful in its results to the Faculty. The membership of the Faculty has more than doubled, local medical Societies have been organized in a number of the counties and a Medical Law has come into operation, since the first semi-annual meeting held in Hagerstown in 1889. The results have followed the more thorough organization of the profession in Maryland through the influence of these meetings. Your Committee believes this is one of the most important influences now at work in the interest of the medical profession of Maryland and it cordially asks the co-operation of each member in the further development of this work.

* * *

Credulity of the Public.

WHY persons apparently intelligent in every other direction, are so easily deceived on any question referring to their own health is not easy to understand. Quacks and charlatans drive a more successful trade in pretending to heal, than in any other way. Selecting those diseases which are by common consent considered, with our present knowledge, incurable, they boldly announce that by some iuspired gift or by some special process, they have found a specific and are ready to heal all diseases either for a modest compensation or without cost. This bait the public quickly swallows and throws away time and money with no results except a dearly bought experience.

Strange to say, too, there is no class of men whose ear is so readily gained as the clergy. Naturally ministers have great influence and if they are once caught and their signatures obtained to testimonals, as is so often case, then more victims quickly follow. Quacks are usually great readers of character and are eminently clever men as a rule and when they select as their target good, simple minded men they thoroughly understand their business. A clergyman who signs a testimonial to some quack preparation, usually does it conscientiously and honestly. If such good men could be convinced of the wrong they do there would be a great set back to the sale of harmful remedies.

MEDICAL ITEMS.

The cholera is again appearing in Asia.

One of the late Czar's physicians died suddenly recently.

Dr. R. H. P. Ellis has removed to 1704 Park Avenue, near Wilson Street.

There are two hundred and twenty-one medical journals published in the United States, but then there are one hundred thousand physicians.

Any one having a pneumatic cabinet for sale or knowing where one may be bought, will confer a favor by writing to the office of the MARYLAND MEDICAL JOURNAL.

Dr. Thomas A. Council, formerly of the medical staff of the Maryland Hospital for the Insane has been appointed third assistant resident physician at the City Hospital.

Dr. H. A. Kelly has removed to 1406 Eutaw Place, Baltimore, Md. Sanitarium and Office 1414-1418 Eutaw Place. Consultation hours, Tuesdays and Thursdays until 10 A. M., and from 3 to 4 P. M.

The Trustees and Dr. E. N. Brush, the Medical Superintendent, of the Sheppard Asylum entertained the medical profession and others last Thursday afternoon on the occasion of the opening of the new buildiug and cottage of that institution.

An association has been organized in Baltimore to be known as the Play Ground Department of the Union for Public Good, the object being to provide playgrounds and large buildings in which children may play. Drs. H. O. Reik and W. T. Watson are among the officers.

The programme of the Tri-State Medical Association to be held at Cumberland next Tuesday is as follows :

Address of Welcome, Hon. R. T. Semmes, Response on behalf of Association, Dr. C. S. Hoffman, Keyser, W. Va. The Infectious Diseases, Prof. J. Chris. Lange, Pittsburg, Pa. Electricity in Gynecology, Dr. W. J. Craigen, Cumberland, Md. The Thyroid Gland—Its Diseases, Dr. F. F. Greenwell, Cumberland, Md. The consideration of the Inflammations of the Structures of the Female Pelvis and the Proper Course of Treatment, Prof. E. E. Montgomery, Philadelphia, Pa. Nephrotomy and Nephrolithotomy, Prof. L. M. Tiffany, Baltimore, Md.

At the sixteenth annual meeting of the Chicago Gynecological Society, held Oct. 19, 1894, the following officers were elected to serve the ensuing year: Dr. Franklin H. Martin, President, Dr. A. J. Foster, First Vice-President, Dr. J. C. Hoag, Second Vice-President, Dr. H. P. Newman, Secretary and Drs. T. J. Watkins, Editor. The retiring president, Dr. Fernand, Henrotin, delivered an interesting annual address after which the Society adjourned to the annual banquet. Drs. John B. Hamilton, J. B. Murphy, Health Commissioner Arthur Reynolds, Alex. H. Ferguson and others were guests of the Society.

At the Cumberland meeting of the State Society next Wednesday and Thursday the following papers will be read: Address of Welcome, Dr. J. M. Spear of Cumberland; President's Address, Dr. R. W. Johnson; Distension of Stomach, Dr. H. Salzer; Some Suggestions as to the Treatment of Wounds Involving at the same time the Lens and the Ciliary Region, Dr. Robert L. Randolph; Remarks on the Diagnosis and Treatment of Diphtheria, Dr. W. H. Welch; Treatment of Retro-Displacements of the Uterus, Dr. T. A. Ashby; Electricity in Gynecology, Dr. W. J. Craigen; Illumination of the Accessory Nasal Cavities, Dr. George Thomas; Two Cases of Gastrostomy for Cicatricial Stenosis of Pharynx and Esophagus, Dr. R. Winslow; Hysterical Pyrexia, Dr. G. J. Preston; The Comical Side of a Country Doctor's Practice, Dr. T. H. Brayshaw; Chills as a Cause of Error in Diagnosis, Dr. Wm. Osler; Blood-Letting for the Relief of Over-Distension of the Right Cavities of the Heart, Dr. I. E. Atkinson; Wandering Kidney with Report of a Case of Nephorrhaphy, Dr. R. W. Johnson; Some Observations on Use of Food as Medicine, Dr. Edward M. Schaeffer; Some Notes on Treatment of Insomnia, Dr. E. N. Brush; Pseudo-Arthrosis, Dr. S. J. Fort; Purpura Hemorrhagica, Dr. G. H. Carpenter; Treatment of Pulmonary Consumption in Large Cities, Dr. W. B. Canfield; Spring Catarrh of the Conjunctiva. Note on a Case of Necrosis of the Labyrinth with Demonstration of Specimen. Removal of Particles of Steel from Interior of Eye with a Magnet, Dr. H. Friedenwald; Dirty Air in Public Places, Dr. Edward M. Schaeffer; Acute Pericarditis, Dr. J. T. Smith.

WASHINGTON NOTES.

Dr. W. P. Carr, Professor of Physiology in Columbian University, has been appointed Commissioner of Pharmacy for the District of Columbia, in place of Dr. D. W. Prentiss, resigned.

It is thought that small-pox will soon be entirely stamped out of this city. The Health Officer states that not even a suspicious case has been seen for a long time. Those cases already in the Contagious Hospital, according to Dr. Nevitt's report, are all convalescing and if they continue to improve, the Hospital will be entirely untenanted by the end of next week.

The regular meeting of the Board of Directors of the Central Dispensary and Emergency Hospital was held at the Hospital on Friday, the 9th instant.

It was decided that, as the work which was being done there had increased so rapidly, it was right for the public to know about it and therefore the monthly report should be given to the press for publication and that all donations to the Hospital should be acknowledged in the papers.

Post-Graduate Instruction: Dr. Kerr, surgeon to the Emergency Hospital, gives post-graduate instruction in surgery. The course is three months, which includes operations on the cadaver, experimental surgery on animals; also, special course, if desired, in clinical bacteriology and pathology.

The amount of work done at the Emergency Hospital is becoming remarkably large. In *one night* lately, there were five large operations done, as follows: one laminectomy, one for strangulated hernia, one thoracotomy for foreign body, one perineal cystotomy and one amputation of the leg.

At the last meeting of the Clinico-Pathological Society, Dr. Charles L. Minor read an able and exhaustive paper, entitled: "Remarks on the Microscopical Diagnosis of Malaria." Dr. John Van Rensselaer opened the discussion. The paper was discussed at length by Dr. Philip Jaisohn, late of the Army Medical Museum, who was an invited guest.

Dr. C. W. Richardson presented several specimens of foreign bodies removed from the nose and ears respectively, also a polypus from the nose which was characterized by producing copious hemorrhages.

Dr. H. B. Deale presented two specimens of sarcoma of the uterus, which called forth considerable discussion. The meeting was largely attended and more interest shown than usual.

The regular meeting of the Medical Society of the District of Columbia took place on Wednesday night. The programme was as follows, but only a portion of it could be carried out:

Dr. F. B. Bishop, Electricity in Medicine; Essay. Dr. S. S. Adams will present a patient suffering from Friedreich's disease. Dr. G. N. Acker (1) a patient with scleroderma (2) case of varicella, resembling variola. Dr. T. M. Murray, a patient with aortic aneurism. Dr. E. F. King, aneurism of the aorta; case and specimen. Of these, only Dr. Bishop read a paper, describing the different kinds of electric batteries and their adaptability in different diseases.

Dr. Acker presented a case of scleroderma. Both papers were liberally discussed.

The meeting then adjourned.

PUBLIC SERVICE.

CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY AND NAVY, FROM NOVEMBER 5 TO NOVEMBER 12, 1894.

Passed Assistant Surgeon F. B. Cordeiro from United States Steamer Adams home and granted two months leave.

Assistant Surgeon L. H. Stone ordered for examination preliminary to promotion.

Medical Director J. H. Clarke, Medical Inspector C. H. White, Surgeon T. H. Streets, Passed Assistant Surgeon A. C. H. Russell, ordered as a Board at Naval Laboratory, Brooklyn, N. Y., to examine candidates for admission to the Medical Corps of the Navy and for promotion in the Corps.

Leave of absence for one month is granted Captain Benjamin L. Ten Eyck, Assistant Surgeon U. S. Navy.

BOOK REVIEWS.

LA FEMME ET LA BICYCLETTE. Par le Dr. Just Championnière, Paris. Extrait de la *Revue du Touring-Club.*

This is a brochure on that all-absorbing topic of the woman and the bicycle. While theorists are asking whether woman shall use this

machine, she is doing it, and in Paris especially has it been taken up with great enthusiasm. The writer takes a conservative view of the matter and his work is worth reading.

TRANSACTIONS OF THE MEDICAL AND CHIRURGICAL FACULTY of the State of Maryland. Ninety-sixth Annual Session.

This volume contains, aside from the business transactions of the Society, two articles on pulmonary consumption, one on the extinction of tuberculosis and one on the predisposition to phthisis. Both articles are prepared with great care and while not novel are very convincing. The views on predisposition may not be accepted by all.

ESSENTIALS OF DISEASES OF THE EYE, NOSE AND THROAT; by Edward Jackson, A. M., M. D., and E. B. Gleason, S. B., M. D., of Philadelphia. Third Edition. Philadelphia: W. B. Saunders. 1894. Pp. 210. Price $1.00.

This is one of Saunders' excellent aid manuals and the two subjects are very properly brought together in one volume. They have both appeared before and there are no great changes in this edition.

REPRINTS, ETC., RECEIVED.

Epilepsy in Early Life. By William Spratling, M. D. Reprint from the *Medical News*.

Massage in Gynecology. By Oscar J. Mayer, M. D., San Francisco, California. Reprint from *The Journal*.

Bladder Gymnastics and Auto-Irrigation. By Byron H. Daggett, M. D. Reprint from the *Buffalo Medical and Surgical Journal*.

The Use of Traction in the Treatment of Joint Diseases. By Stewart Leroy McCurdy, A. M., M. D. Reprint from the *Pittsburgh Medical Review*.

The Railway Surgeon sent out its first issue the first week in June. It is the organ of the 1767 surgeons of the United States, Canada and Mexico, comprising the National Association of Railway Surgeons. The journal is a bi-weekly, published from Chicago.

Differential Diagnosis of Alcoholic Coma from other forms of Coma, with special reference to the Care of Persons found by the Police on the Streets in a Comatose or Semi-Comatose Condition. By Lewis D. Mason, M. D. Reprint from the *Quarterly Journal of Inebriety*.

CURRENT EDITORIAL COMMENT.

THE COMMUNION CUP.

New York Medical Journal.

THE fundamental error made by those who urge the danger of the communion cup seems to us to be that they lay before the public as the real issue the abstract question of the possibility or impossibility of morbific material lodged on the cup being able to exert the same infective power that it would show if deposited elsewhere, and they throw the burden of proof upon their opponents, whom they are inclined to charge with resting their opposition on some such ground as that of providential interference.

TREATMENT BY ANTITOXINES.

Pittsburgh Medical Journal.

THE assertion has often been made that in spite of the discovery of the causes of most diseases, through bacteriological research, little progress had been made in the treatment of the diseases whose etiological dependence on germs had been demonstrated. Recent developments, however, in the treatment of diphtheria, by antitoxine, would seem to indicate that the discovery of the cause of any disease will sooner or later be followed by the discovery of a remedy or means which will in some way antagonize, and render harmless, the pathogenic organisms that have found lodgment in the human body.

HIGHER MEDICAL EDUCATION.

Atlanta Medical and Surgical Journal.

WE have already in this county vastly too many doctors, the ill-begotten and premature products of the colleges. In their exercise of the diploma-conferring power, the colleges owe a certain responsibility both to the public and the profession. This responsibility will not be met by institutions organized and conducted on the basis of a college for revenue only. There are more than enough colleges in this country right now to satisfy every demand for twenty years to come. But others will be established, more or less rapidly, and their multiplication will have only one effect—to hinder and retard, what some conscientious teachers hope to witness some day, a high and uniform standard of medical education, which will be a pride and a delight to the American medical profession.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXII.—No. 6. BALTIMORE, NOVEMBER 24, 1894. WHOLE No. 713

ORIGINAL ARTICLES.

ABDOMINAL SECTION FOR TRAUMATISM.

READ BEFORE THE SURGICAL SECTION, COLLEGE OF PHYSICIANS OF PHILADELPHIA, OCTOBER 12, 1894.

By Robert G. Le Conte, M. D.,
Philadelphia.

GENTLEMEN: I wish to report to you this evening three cases of abdominal section for traumatism. They all occurred at the Pennsylvania Hospital, and I am indebted to the kindness of Drs. Ashhurst and Packard for permission to report them, for whom I was substituting at the time in the wards. The first, C. I., an Italian laborer, aged thirty-five, was brought in by the patrol at 7.30 P. M., August 2, 1893, in a condition of profound shock. He had received four wounds from a 38 calibre revolver. The first had penetrated the abdomen in the left lumbar region, on a line with the umbilicus; as he turned to run away he received a second in the left side, between the twelfth rib and the crest of the ilium; the third penetrated the back in the left lumbar region, and the fourth passed through the right arm at the upper third. Hypodermics of strychnine and digitalis were given, with external heat, etc. When his temperature began to rise he was immediately placed under ether. The abdomen was opened in the median lines, and the cavity was found full of blood. Fifteen perforating wounds of the intestine were brought together with fine silk by means of the Lembert suture, and four wounds of the mesentery, in which the bowel was not involved, were stitched together, besides a few nicks in the bowel which had not penetrated to the mucous coat. A hasty examination of the spleen, stomach and liver was made, and as far as I could tell they had not been wounded. As the urine came clear from the catheter it was inferred that the kidneys had not been touched. The abdominal cavity was then flushed out with warm, distilled water that had previously been boiled, until the fluid ran clear, a glass drain inserted, and the abdomen closed with silkworm-gut sutures, the fascia being brought together with a continuous catgut suture. During the etherization the patient's condition was very bad, and hypodermics of strychnine and digitalis had to be repeatedly given. The operation lasted not quite two hours. At the conclusion his temperature was $97\frac{4}{5}°$ and the pulse was almost imperceptible. The treatment consisted of strychnine, brandy and digitalis by hypodermic, and nothing was given by the mouth. At 3 A. M. the temperature had risen to 101°; pulse 96 and weak; respiration 30. He was delirious and very restless, and he had to be strapped and morphine given. At 10 A. M., his condition had improved. Temperature had fallen to 99°; pulse 110 and stronger; respiration 24, and he was quiet and his mind was clear. During the night the

glass drain had been sucked dry every ten or fifteen minutes with a syringe, and the quantity of blood or bloody serum withdrawn amounted to about an ounce an hour. This gradually diminished to half an ounce by morning; urine was passed free from blood.

At 4 P. M. his temperature was 98⅗°, pulse 114, and respiration 22. The abdomen was moderately distended and there was frequent belching of wind, but no vomiting. No flatus had been passed. Toward evening the temperature began to rise, the pulse became weaker, delirium set in, and the patient slowly grew worse until death intervened the next day at noon, thirty-seven hours after operation. The post-mortem examination was made by the Coroner's physician, and as I was not present I only have the few notes made by him. Two of the bullets were recovered; one had entered the liver from behind, passed through it and lodged in one of the short ribs on the right side; the other was found just under the omentum near the stomach. None of the stitches in the intestines had given away, and no extra perforations of the bowel were found.

Both of the other cases occurred in colored men, stevedores by occupation, strong and beautifully muscled specimens of manhood. They were admitted on the evening of the 10th of last February. The younger, Alex. C., aged twenty-three, was stabbed in the abdomen, a little below the umbilicus and about three inches to the right of the median line. The wound was a little over an inch long on the skin surface, and a small piece of omentum was protruding from it. There was very slight shock. The patient was immediately etherized, the abdomen opened in the median line, the omentum withdrawn through the median incision, the protruding portion ligated and cut off. The small intestine and cecum with part of the ascending colon were next examined and no wounds found. The stab-wound was closed with two silkworm-gut stitches, the peritoneum washed out with warm, boiled, distilled water, and the abdomen closed without drainage with silkworm-gut sutures, the fascia being brought together with a continuous catgut suture. The next day his temperature rose to 100° and then fell to normal, and he made an uninterrupted recovery. The stitches were removed on the ninth day and the wound was entirely healed.

The elder, Frank W., aged forty, also had a stab-wound in the right upper hypogastric region, about two inches from the median line. He had had free hemorrhage from the wound, as his clothes were partly saturated with blood. The cut on the skin surface was a little less than an inch long, and, after enlarging it slightly, my finger readily passed into the abdominal cavity. There was but little shock. The patient was etherized and the abdomen opened in the median line. A quantity of arterial blood immediately presented. The bowel and the omentum were carefully examined and no wounds found. It was then concluded that the deep epigastric artery had been severed, and as I did not think it desirable to enlarge the stab-wound, two deep sutures were passed on either side of it, through the peritoneum, and tied. The stab-wound was then closed with silkworm-gut, the peritoneum washed out, and the abdomen closed in the same manner as in the previous case. As I was not absolutely confident that I had checked all the hemorrhage, and thought it possible I might have overlooked some bleeding point, a glass drain was left in. The tube discharged about f ℥ss an hour of bloody serum during the night, and then gradually diminished in quantity. The next day his temperature went up to 101⅕° for a few hours, but soon fell to normal again. On the 17th, seven days after operation, he developed a mild delirium which was thought to be alcoholic, and he was placed on the ward delirium tremens mixture. This subsided by the 23d. On March 3d he was allowed to get up, the wound being healed, except for a small superficial ulceration, the remains of the tract formed by the tube.

I should like to present the following points for consideration this evening:

1. That the surgeon must assure him-

self absolutely that the peritoneal cavity has been opened before proceeding to operate, either by means of the finger or probe, or the protrusion of some of the abdominal viscera or contents of the viscera. If the wound is so small that this cannot be demonstrated, it must be enlarged with the knife, until it is proved either to have penetrated or not to have penetrated.

2. That as speed is such an important factor in these cases, and that the patient's chances of recovery often diminish proportionately with the length of the operation, I would advocate the median incision in all cases except where the liver has been manifestly injured, because the abdominal cavity can be opened more quickly and more bloodlessly in the median line, and a more thorough search of all organs can be made in a much shorter time than from any other incision, and also because the wound can be more quickly closed and with less danger of a future hernia resulting.

3. The abdomen having been opened and a number of wounds of the intestines found, I would advise that two surgeons should work at the same time, sewing up these perforations, using the continuous or running Lembert suture as a means of saving time, the rest of the intestines being covered with hot cloths to prevent shock. Fine twisted silk is the best suture for this purpose, and the needle must be smooth and round, without sharp edges.

4. I would recommend the flushing out the peritoneal cavity with a warm solution as a means of cleansing it from clots, blood, etc., as a means of reducing shock, and also because it allows the intestines to float and to resume as nearly as possible their normal position in the abdominal cavity. This solution should be warm water that had previously been sterilized by boiling, containing seven-tenths of 1 per cent. of salt, as the blood, when freed from its solid constituent, represents most nearly a sevententh of 1 per cent. salt-solution both in its reaction and specific gravity. It is a well-known fact that two fluids of different density and reaction, when separated by a thin animal membrane, will mingle by osmosis, and that pure water will in such cases abstract the salts from the blood, causing a primary blanching of the membrane, soon followed by a secondary hyperemia, with injection of its vessels. If the eye be washed with pure water, an injection of the vessels of the conjunctiva will follow, but if a little salt is added to the water, no injection will result. It is easy to conceive that the action of pure water on the conjunctiva would also follow in the case of the peritoneum, and experiments on animals has proved this to be a fact.

5. Unless the operator is certain that he has checked all hemorrhage, and that there is nothing more than a slight oozing present, I would recommend the use of a glass drain, believing that the dangers of infection through the tube are much less than from a small collection of bloody serum, a most acceptable medium for any septic material which may not have been removed by the flushing out of the cavity. The drain should not remain in more than thirty-six or forty-eight hours, as in that time lymph has been thrown out from the adjacent peritoneum, gluing the tissues together, so that a perfect tube-tract has been formed, after which the tube is more dangerous than advantageous.

6. That the incision should be closed by passing a set of silkworm-gut sutures entirely through the abdominal wall, from skin to peritoneum, and, before these are tied, stitching together the fascia with a continuous catgut suture. As the fascia is by far the most important structure in the support of the abdominal contents, it is necessary that its edges should be neatly and closely approximated, and for this purpose a moderately thick catgut suture, which is allowed to remain buried in the tissue, gives the best results. The stitches through the abdominal wall will bring the peritoneum together just as well as when it is separately sewed, and saves the time that this extra row of sutures would require. For this purpose silkworm-gut is preferable to silk, as it is not irritating and non-absorbent, while silk acts like a drain, carrying the discharges through the whole course of

the wound. If these discharges at any time become septic a stitch-abscess results. The stitches should remain in eight or nine days, after which the wound is supported by adhesive straps, and when the patient is allowed to get up, not before the twenty-first day, an abdominal supporter should be worn for several months. If the patient is much beyond middle life the supporter may have to be worn for years.

Lastly, the after treatment of the patient. As the wounding of the bowel and the necessary handling of that viscus in sewing up the wound and examining it for further perforations causes paralysis of the gut, with its concomitant distention from gases, the after treatment should be directed toward the relief of this distinction and the overcoming of the paralysis, as to my mind there is far more danger of the sutures giving away from this over-distention than there is from any peristaltic action that can be induced. Secondly, paralysis of the gut favors ptomaine absorption, and the sooner this paralysis is overcome and the poisonous substances swept out of the alimentary tract the greater are the patient's chances of recovery.

I would, therefore, advocate the use of salts, because they excite peristalsis, relieve the distention, and sweep the ptomaines out of the alimentary tract, besides drying the peritoneal cavity, and thus removing a possible source of septic infection. I believe the exhibition of opium to be strongly contra-indicated, as it increases the paralysis of the bowel, allows the tension on the stitches to become very great from over-distention, and favors the absorption of ptomaines. Of course, there are a certain number of cases where restlessness is marked, and where the dangers of its exhausting the patient are so prominent as to make it the cardinal symptom to combat. In these cases morphine must be given by the hypodermic until quiet is obtained.

To sum up, my treatment would be as follows: Strychnine, brandy, and digitalis by the hyperdermic, water containing a little salt, by the rectum, to quench thirst. Six hours after the operation one-half grain doses of calomel by the mouth for six consecutive hours, and then drachm doses of epsom salts every hour, given in as concentrated a form as possible, until the bowels are moved. No food until the functions of the bowels are well established, and then milk only in small quantities often repeated. I have seen the bowel twice ruptured in the removal of abdominal tumors, owing to its strong adhesion to the growth. In each case it was promptly sewed up and the removal of the growth proceeded with The patients were placed on the usual treatment of calomel, followed by salts, and each made an uninterrupted recovery. On talking this over afterward with the operator, he stated that when the adhesions were so strong that it became a question of rupturing the bowel or not removing the tumor, he always chose to rupture the gut, as he had never had any bad results follow, or seen a single symptom which could be attributed to this rupture.

In conclusion, I believe the three great causes of death in these cases are shock, ptomaine absorption, and peritonitis, in the order named, and that the treatment should be successively directed against them.

Removal of Appendages.—Quénu (*British Medical Journal*) operated on a virgin, aged 27, who had been sickly from childhood. Last autumn, when she suffered from leucorrhea, etc., Quénu, finding no severe lesions, used the curette and kept her at rest two months. She became worse, and an operation was performed on March 9. The tubes were found fixed by adhesions, tuberous, yellowish, and caseating. The patient did well until the third day, when she had violent hemoptysis and died. The sputum was used for inoculation; pneumococcic infection resulted. Each tube contained a great cystic pouch and numerous secondary cysts. In all these cysts the contents were granular without giant cells. In the walls of the cysts Metchnikoff discovered large cells, round pigmented bodies presenting the type of hematozoa. Bodies of the same kind were found in the lungs, but not in the blood.

GUNSHOT WOUND OF THE ABDOMEN AND LUNG.

Read before the Surgical Section, College of Physicians of Philadelphia, October 12, 1894.

By Lewis W. Steinbach, M. D.,
Philadelphia.

A. H., aged thirty-six years, white, a Philadelphia police sergeant, was admitted to the Polyclinic Hospital August 30, 1894. Twenty-minutes previous to admission he had been accidentally shot in the abdomen by a 44-calibre pistol.

His temperature on admission was 98°, pulse 60, respiration 28. He was weak and faint, although externally he had not lost much blood. With the assistance of two officers he had walked from the place of shooting to the hospital, comprising several blocks.

Patient complained of some pain around umbilicus, and was unable to void his urine.

The history obtained from the patient states that he was sitting in a chair while the person who shot him was standing to his right, the pistol pointing slightly to patient's left. On examining the abdomen a small wound one-quarter inch in diameter was seen two inches below and to the right of the umbilicus.

After cleansing the part a probe was gently inserted into the wound, and it was probed in all directions. The muscles had been torn up in several directions, so that this was not satisfactory, although there seemed to be a track in an upward direction and to the left, which from the history seemed to be the true course which the ball had taken. A small quantity of sterile water was then injected into the wound; but, as it returned, it could not be made out that the abdominal cavity had been entered, although this was what was thought to be the case.

Upon consultation with three of the hospital surgeons it was decided to etherize the patient, follow the upward track, and if the abdominal cavity had been entered, to do a celiotomy in order to ascertain the extent of injury.

Patient was etherized, and after all antiseptic precautions had been taken, a grooved director was introduced into the wound, and after some little trouble, as the track was irregular, it was laid open to about an inch in extent. Upon pushing the director further it entered the peritoneal cavity. The consensus of opinion was to do a laparotomy. A three-inch incision was made in the median line, and upon opening the peritoneal cavity a considerable quantity of blood escaped through the wound. The intestine was carefully examined, and nine perforations made by the bullet were found. These were principally in the lower part of the jejunum and the ileum. One was wholly in the mesentery, while the others chiefly lay at junction of it with intestine; and it was from these that the greater part of the blood was oozing. The colon was not perforated.

The various perforations were sutured with Lembert's suture, silk being used. After carefully going over the small intestine they were replaced and the abdominal cavity thoroughly washed with warm sterile water until all blood and clots were removed and the fluid returned clear. A glass drainage tube was placed in the lower part of the wound and silkworm-gut sutures introduced, closing the incision. The ordinary antiseptic dressing was applied.

The bullet had not been found but was thought to have taken an upward course to the right of the spinal column.

The operation was a long one, and it was found necessary to adminster strychnia and atropia to combat the shock. Temperature after operation was 99.8°; pulse 120; respiration, 28.

The patient came out of the ether and seemed to rally; but during the evening his pulse became weak, thready and very rapid, reaching 156 by 9 P.M. The tem-

perature kept rising slowly and steadily, until 3 A. M. it reached 102.4°. About ʒiv fluid blood and serum was obtained through the drainage tube. It did not clear though it lessened in quantity toward morning. It was also noticed that the patient coughed up a small quantity of a dark chocolate-colored fluid. Stimulating treatment was kept up during the night. He complained greatly of thirst, was extremely restless, it being with difficulty he was restrained in bed. But at no time did he complain of pain.

The pulse became weaker and weaker and at 8.36 o'clock the morning following operation, he died. Temperature taken half an hour previous to death registered 105.6°,

An autopsy was held by the Coroner, and it was found that the bullet had pursued an upward course after striking the spinal column, passing beneath the diaphragm, rupturing some of the vessels at the root of the right lung, which was engorged with blood. The right pleura was filled with blood. There was also blood in the abdominal cavity, due to rupture of the small vessels in liver tissue. The intestines looked ecchymotic in places; the places that had been sutured showed commencing union. The bullet was not found, but traced to muscles of the back.

GUNSHOT WOUND OF THE LIVER AND LUNGS.

Read before the Surgical Section, College of Physicians of Philadelphia, October 12, 1894.

By Thomas S. K. Morton, M. D.,
Professor of Surgery in the Philadelphia Polyclinic.

A boy, aged nine and a half years, was admitted to the Pennsylvania Hospital, September 11, 1894, with a history that he had been shot by a 32 calibre revolver at short range but a few moments previously. I saw him almost at once after admission, and found a bullet wound one and a half inches below and half an inch to the left of the ensiform cartilage. He was not especially shocked, Was said to have vomited considerable blood, and complained of great pain in the epigastrium. Abdomen not distended.

Ether was administered and perforation of the abdominal cavity proved by enlarging the bullet wound slightly and passing a probe. Having thus made certain that the peritoneum had been entered, an incision was made in the median line from the ensiform cartilage downward for four inches. Upon laying open the peritoneum much fluid blood and some large clots flowed out. It was found that the ball had passed through the right lobe of the liver, two and a half inches behind the anterior margin, then emerged just above the gastro-hepatic omentum, had almost totally destroyed the lobus spigelii, then had torn a large hole in the lesser omentum, again perforated the peritoneum, struck the first lumbar vertebra, and became lost. Blood welled up in large quantities from the posterior peritoneal opening, mostly venous, but partially arterial. A finger tip only could be passed into this wound. There was no wound of stomach or intestines. The wound of the right lobe, as well as that of the spigelian lobe of the liver, was not bleeding. A column of iodoform gauze was carried down so as to block the wounds of the lesser omentum and posterior layer of the peritoneum, and at the same time to press upon the mutilated spigelian lobe and posterior or exit wound of the right lobe of the liver. The packing was continued and brought out through the parietal wound. The wound of entrance into the right lobe was not interfered with. The abdominal wound was now closed around the gauze drain after copious irrigation of the surroundings with hot salt solution. As it was suspected that much blood had gravitated into the pelvis and lower portions of the abdomen, which could not readily be washed out by irrigation from above, it was determined to make a small opening above the pubis for that purpose and to put in a drain-

tube. Accordingly a half-inch incision was made just above the symphysis, and much fluid blood and clots washed out through it by means of a long irrigator tube. A glass drain was carried through this wound to the bottom of the pelvis, to serve as an index should further hemorrhage take place into the abdomen. But, despite all efforts to the contrary, the lad died in a few hours.

At the post-mortem examination it was discovered that the ball had passed between the aorta and vena cava, and perforated the right crus of the diaphragm before striking the first lumbar vertebra. In the latter it cut a large groove, and was deflected upward and outward through the pleura, and into the substance of the right lung, where it was found imbedded. The lower lobes of this lung were distended by blood, and over a quart in addition filled the pleura sack. No wounds of other viscera were discovered. There was no blood in the abdominal cavity.

Upon careful inquiry after death I ascertained that the reported vomiting of blood had been incorrect; that in reality he had coughed up and not vomited it. No special examination of the chest was made before operation, and no signs appeared to call attention to that locality. But the bleeding thereinto was unquestionably the immediate cause of death. Had the ball not wounded the lung I believe that the boy would have had a very good chance of recovery afforded him by the operation.

A CASE OF HYDROCEPHALUS.

By Andrew J. Sauer, M. D.,
Associate Professor of Chemistry at the Baltimore University School of Medicine.

Mrs. J. K. S., aged 29, very weak and anemic, has been married eight years, and is the mother of five children, two of which are living, aged seven and three years respectively. The first two children died in infancy, one at the age of three months from cholera infantum, the other at the age of twenty-two months, of pertussis. The husband is a butcher and has for two years been unable to work on account of a general arthritis. There is no history of alcoholism, syphilis or consanguinity in the family. There were no more than ordinary labor pains attending previous confinements. In the last labor, fifth child, pregnancy having run to full time, the woman went into labor on Sunday, October 28, 1894. At an early hour in the evening of the same day the membranes broke. She had engaged the services of a competent widwife, who told me she had found a breach presentation and had done a cephalic version. Three physicians were called in; they all abandoned the case; the third one, however, ordered ergot in drachm doses every half hour and he did not again return.

Being called in after the woman had taken nearly two ounces of ergot, at 1.30 p. m. on Wednesday, October 31, I found the uterus entirely inert, the cervix thickened and rigid with a dilatation of about two inches diameter; there were no labor pains present, but there was, however, a deep-seated pain in the right hypochondriac region. The bowels were freely moved and bladder evacuated several times without artificial aid. On vaginal examination, a large doughy tumor revealed its presence to my finger which suggested to me the probability of a hydrocephalic head. The enormity of the head rendered a forceps operation impracticable.

I had given the woman forty grains of quinine sulphate in ten grain doses, but it failed to act as an oxytocic in ten hours. The woman was then given morphia sulphate, one-fourth grain in a little whiskey, and then was anesthetized with chloroform. I opened the tumor on the child's head, when I had my original diagnosis confirmed. I drew away over five pints of water. The head then collapsed and delivery was simple and easy. Some putrefactive changes being present in the child convinced me that it was dead prior to my arrival at the case.

Neither the cervix nor perineum were torn. The parts were thoroughly irrigated with hot water, which acted effectively in checking a post-partum hemorrhage, which was quite copious. I also used ergot in drachm doses to attain this end. The woman soon rallied from the chloroform and I gave her a hypodermic injection of whiskey. Of course the entire procedure in the delivery, etc., was under rigid antiseptic precaution.

Finally the parts were dressed with iodoform, a soft pad applied, then a T bandage. The child I took to my office and stuffed the head with oakum. The circumference of the head was 26 inches, the measurement from behind the ears over the skull was 16 inches. The baby was female, well formed and fairly large. On the day after delivery the mother's pulse was 80 and temperature 98.6° F. On the third day the pulse was 86, temperature 99° F. She has constantly improved up to the present time and is strong despite the post-partum hemorrhage, which I think in all probability was due to the chloroform in its relaxing effect on the uterus, which had been rigid for ten days.

Primary Cancer of Fallopian Tube.—Tuffier (*British Medical Journal*) describes another example of this disease, only recognized within the last eight or ten years. The patient's age was 55. She had borne two children, the youngest when 25 years old. Menstruation began at 18, and ended at 51, in 1888. In May, 1892, metrorrhagia and hypogastric pains set in. As they continued she entered the Hôpital Beaujon and was placed in Anger's wards in July, 1892. The right iliac fossa was filled with a solid mass, which pushed the uterus forwards and fixed it firmly against the symphysis. Retro-uterine hematocele, probably due to a new growth, was diagnosed, and abdominal section was performed on July 8, 1892. A mass of the size of a small fetal head was removed. It consisted of the right Fallopian tube. The uterus and left tube was normal, the left ovary sclero cystic. The patient was examined five months later; no trace of recurrence or metastasis could be detected. The tube, pear-shaped, was found full of serum and clots. Its walls were thin, and it contained a villous tumour. This growth was mounted on a pedicle a centimeter broad, attached to the walls somewhat inferiorly, and to the inner side of the middle of its course. At the point of attachment of the pedicle the tumor substance perforated the tube wall so that a tubercle as big as a pea projected on the outer surface of the tube. The villous mass was an epithelioma, allied to cylindroma; the stroma was very very young connective tissue.

* * *

Apex Expansion in Phthisis.—Weaver (*Philadelphia Polyclinic*) recommends after a full inspiration to hold the breath a moment by closing the glottis. The effect is increased if during the holding of the breath the lower chest is compressed with the hands. After a few weeks the inspirations became much fuller and the tension developed greatly increased. The arms should be raised in order to get the fullest inspiratious. These efforts at forced expirations should be continued for ten to fifteen minutes every two hours during the day—before arising in the morning and after retiring at night. The patient should be under constant medical supervision, and at first the efforts must not be too violent. During hemorrhage and for a week after it is completely stopped, pulmonary gymnastics should be suspended. To overcome muscular atrophy about the chest, and to increace its expansion, the patient may learn the use of indian clubs and dumb bells and resort to them regularly.

* * *

Chloralose in Epilepsy, Hysteria and Chorea.—In Féré's hands chloralose proved a valuable hypnotic, without unpleasant after effects, in a number of cases of the above named neuroses. He recommends in the *Journal of Nervous and Mental Diseases* its use in beginning doses of 18 grains, which may be increased to 30 grains.

SOCIETY REPORTS.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

SECTION ON SURGERY.

MEETING HELD OCTOBER 12, 1894.

Dr. Robert G. Le Conte read a paper entitled THREE CASES OF ABDOMINAL SECTION FOR TRAUMATISM. (See page 97.)

Dr. Lewis W. Steinbach read a paper on a CASE OF GUNSHOT WOUND OF THE ABDOMEN AND LUNG. (See page 101.)

Dr. S. K. Morton read a paper on A CASE OF GUNSHOT WOUND OF THE LIVER AND LUNG. (See page 102.)

Dr. Edward Martin: Aside from other considerations the fact is worthy of note that Drs. Le Conte, Steinbach and Morton have been willing to report cases of celiotomy for gunshot wound involving the abdominal contents, in which the result was not always favorable. It is certainly the exception to find any but the successful cases reported. Hence the results of a statistical study of this subject are most misleading. Thus in the admirable tabulation by Dr. T. S. K. Morton, published some years ago, the percentage of recovery after surgical intervention was so favorable that the inference as to the duty of every surgeon to operate at once on all these cases was direct. When all the cases operated on in a given section, New York, for instance, were collected, including those which were not published, it was found that the mortality was about the same for the cases treated expectantly, *i. e.*, where operation was performed.

Reclus and Nougues, exploiting their sides of the subject, *i. e.*, conservative treatment, deduced as the result of their statistical study the fact that the mortality after penetrating gunshot wounds of the abdomen is about twenty-five per cent. This is manifestly misleading, the result being due to the fact that only the rare successful cases of conservative treatment are published.

It still remains an open question as to whether a patient with a penetrating gunshot wound of the belly has not a better chance for recovery without operation, unless there should happen to be present a skilled abdominal surgeon, armed with all the appliances of his art.

The importance of this consideration of the question rests upon the fact that the country doctor or country surgeon whose experience has been limited, and who is unable to secure the timely help of a specialist, need not feel that in treating penetrating gunshot wounds of the belly conservatively he is unfaithful to his trust.

As to the diagnosis of these cases, *i. e.*, the diagnosis of penetration, unless this is absolutely assured by leakage of feces or gas, for instance, or by bloody vomiting, or by purging of blood, or other pathognomonic symptoms, or by passing of the probe into the abdominal cavity, the fact of penetration should be definitely ascertained by exploratory incision in the line of the bullet wound before proceeding to a formal celiotomy in the middle line.

The importance of bearing this in mind was well illustrated by a case which I saw in consultation with Dr. Edward Bidwell of Vineland, N. J. The patient was a very fat woman who had been shot from directly in front with a 32 calibre pistol. The wound of entrance was a quarter of an inch below the level of the umbilicus and two inches to the left. The patient was vomiting, had a rapid pulse, was tympanitic, complained of peritoneal tenderness upon the left side of the abdomen. The probe passed obliquely downward and backward through about three inches of fat and stopped at the muscles. Apparently the case was a fairly clear one of penetration and visceral wound. Exploratory incision along the track of the ball showed that it ranged downward and backward, penetrated the abdominal muscles one and a half inches above Poupart's ligament, grazed the peritoneum, and buried itself in the muscles of the pelvis. The wound was cleaned and closed and the woman was purged. In this case celiotomy might have proved unfortunate.

For flushing out the abdominal cavity the normal saline solution is very much

better than plain distilled water. The latter causes a primary blanching and a secondary acute hyperemia, as shown by repeated experiments on dogs by Dr. Hobart Hare and myself. The normal saline solution is perfectly bland and unirritating.

As to the method of closing the belly wound, there is wide diversity of opinion. Perhaps there is a growing tendency at present to first stitch the peritoneum with a continued suture, then complete the closure by stitches taken through fascia, muscles and skin. In any event, except for buried sutures, silkworm-gut should be used.

Dr. G. G. Davis: In a gunshot wound of the intestine the ball oftentimes perforates both sides of the wall and it makes so many openings that, as Dr. Le Conte has pointed out, the most careful examination is necessary in order that none may be overlooked. This takes so long, that in order to save time in some cases it would be better to resect as does Murphy with his button, in preference to other methods, such as stitching each separate wound and especially circular enterorrhaphy.

Dr. John B. Roberts: Dr. Martin has spoken of the possible bad results of gunshot wounds of the abdomen, and said that the mortality is not greater in such cases when left to nature with good nursing, than when treated by modern surgical methods. Of course it is difficult to decide this, but my own impression is that it is far better to open the abdomen in all penetrating wounds. If the operation be done by modern methods, the result is I believe much better than can be obtained by expectant treatment. Under the old methods nearly all penetrating wounds of the abdomen caused death. I recall however one case of gunshot wound that recovered when such abdominal operations as we now perform were unknown. The patient was treated expectantly and did not die. His recovery, however, was regarded by the surgeons who saw him as very unusual. I personally am strongly in favor of section as soon as it is proved that the ball has entered the abdominal cavity. I believe in cutting down upon the bullet tract to establish the fact that the missile has entered the abdomen, as was done in Dr. Steinbach's case, and then making an incision in the middle line.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD OCTOBER 19, 1894.

Dr. Randolph Winslow presented two cases of GASTROSTOMY for cicatricial stenosis of the pharynx and esophagus. The first case had been shown before the Society in the spring, and it was only exhibited again in order that the members might see the condition of the patient after the lapse of six months. The boy had not only been kept alive but had grown fatter and stronger. He was fed regularly every four hours through the fistula, his diet consisting of milk, eggs, whiskey and cod-liver oil. He was also allowed to swallow as much milk as he was able to, but that was not a large quantity. The fistula had been in every way a success; it had saved him from impending starvation, it did not leak, and the surrounding tissues were entirely healthy.

The second case was of a similar nature to the first, a cicatricial contraction of the gullet from the ingestion of concentrated lye. The patient, a colored boy one year and nine months of age, was brought to the University Hospital, on July 11, 1894. He had been healthy until six weeks before admission, when he swallowed some concentrated lye, the exact amount not having been ascertained. Until eight days before coming to the Hospital, he was able to drink a little milk, but since that time had not swallowed anything. Nutrient enemata were ordered for him and on July 13, Dr. Winslow performed gastrostomy by Frank's method. As he had had no nourishment for ten days, his stomach was opened at once and milk introduced. This was a mistake, as some of the milk got on the wound and infection followed with the formation of a superficial abscess. His temperature, which had run up to 104 as the result of this abscess, fell at once on the removal

of a few stitches and the evacuation of a little pus. The patient had done well, but the fistula did not retain the contents of the stomach as perfectly as in the first case, probably on account of his incessant fretting and crying, which caused prolapse of the mucous membrane of the stomach through the wound. These two boys have been saved from starvation by the performance of gastrostomy, but what is to become of them when they return to their homes? Their parents cannot or will not pay proper attention to them, and they will be likely to perish from neglect. Up to this time it has not been possible to dilate their strictures from above, and Dr. Winslow is contemplating reopening their stomachs and attempting dilatation from below.

Dr. George H. Rohé: · I had a case about three years ago: A child had an attack of scarlet fever, after which there was a gradual closing of the esophagus until finally nothing would pass into the stomach. At the Hopkins Hospital an attempt was made to dilate the esophagus without success, and finally gastrostomy was advised. The child's mother objected, and left the hospital. Two weeks later he was brought again to the Maryland Hospital. No fluid would pass nor could any instrument be introduced. I tried electrolosis and for over a year he was thus kept alive, but the contraction again closed, and he died. I found a small opening at the lower end of the esophagus which might have been dilated from below. Electrolosis undoubtedly did good in this case for his physical condition when first seen was very poor, but during the year he had gained 25 pounds. Since the meeting of the Society, at which these cases were exhibited, Dr. Winslow has succeeded in passing a small bougie through the stricture in the second case, and making it protrude through the fistula, to which he tied a silk ligature and drew it upwards into the mouth. He used this as a saw after the manner of Abbe, and succeeded in dividing the stricture sufficiently for a No. 21 esophageal bougie to pass.

Dr. Julius Friedenwald read a paper on the USE OF THE RESORCIN TEST for the detection of free hydrochloric acid in the gastric juice.

Dr. I. R. Trimble read a paper entitled TWO CASES OF HEMATURIA CURED BY OPERATION (NEPHRECTOMY).

H. O. REIK, M. D.,
Secretary.

CORRESPONDENCE.

LICENSE TO PRACTICE.

Editor MARYLAND MEDICAL JOURNAL.

Dear Sir:—I am surprised to find in the current number of your JOURNAL a four column letter from Mr. Archibald Taylor, the counsel of the Board of Medical Examiners of the State of Maryland, the major portion of which is devoted to criticism of my position in the matter of the enforcement of the existing State law in regard to the practice of medicine. This letter of Mr. Taylor's is no doubt intended for an answer to a letter of enquiry I wrote you a fortnight ago in regard to your editorial on "License to Practice." Without wishing to open up a wordy controversy with Mr. Taylor, which I believe will assist to defeat my purpose, viz., the enforcement of the existing medical law, I regret, because I have not yet acted as a private detective in the interest of a good cause, and I happen to be a member of a "learned faculty" which *in the opinion* of Mr. Taylor has not done its full duty in certain directions, that I meet the disapproval of the legal gentleman. But my most grievous sin seems to have been that I, a member of the Legislative Committee on the existing medical law, should be so unjust as to "impute" unjust things of the State Board of Medical Examiners. Now, Mr. Editor, if Mr. Taylor, or any one else, "read between the lines" of my letter that I wish to accuse the Board of Medical Examiners of doing unjust things, they have read it incorrectly. I can bear testimony to the impartiality of that body, and to the industry and activity of its counsel at Annapolis during the past winter, when working in the interest of the present law. As we have *at last* the legal interpretation

of the functions of the Board, and find they are "judicial," the question comes to me, and perhaps to other members of the profession, Who is going to prosecute the law breakers? When the counsel of the Board has informed its members "that there is not a line of any law which imposes on them the duty of prosecuting violations of the law relating to the registration of physicians and surgeons, or to practicing as such illegally," now, Mr. Taylor, or the Board of Medical Examiners, cannot expect individual members of the profession, or the faculties of medical colleges, to take this task upon their shoulders. "What is everybody's business is nobody's business." Mr. Taylor has the reputation of being too astute a lawyer not to be perfectly aware that unless some one, or some committee, takes charge of the matter, making use of the information already obtained, employing detectives, collecting evidence, assist in prosecution, etc., that the medical law is already, or soon will be, a dead letter, and therefore will afford no protection to the citizens and the medical profession of this State. With this belief, I shall at once petition the Executive Committee of the State Faculty to appoint a small committee for this work. We all indulge in the hope that judicial interpretation will place the existing law upon a firm basis, and that no "limb of the law" will have genius enough to find any loophole in it. If defects are found, we of the Legistative Committee must look to our counsel, Mr. Taylor, one of the fathers, indeed, the legal father, of the existing law, as being quite a party of this "most amusing comedietta."

Very truly,
WILMER BRINTON, M. D.

MEDICAL PROGRESS.

FIBROIDS AND LABOR. — Hofmeier (*British Medical Journal*), in a very complete and well-tabulated essay, denies that fibroid disease of the uterus has any direct influence in causing sterility. Statistics do not show that, as has been alleged, subserous myoma predisposes considerably to sterility, whilst polypi and myoma of the cervix have little influence in that direction; nor can it be shown that fibroids promote fertility. These tumors seldom begin to appear till late in sexual life, so that if the patient is barren or a multipara the causes of her sterility or fecundity must have influenced her long before the development of her fibroid. The alleged frequency of this disease in elderly virgins is based on a fallacy. It is the local affection which the most readily drives a spinster to the gynecologist, whilst middle-aged married women trouble less about small and slow-growing abdominal swellings. Women with fibroids who marry late in sexual life are fairly fertile, though Hofmeier can hardly make out cause and effect in this fact. Fibroids by no means strongly predispose to abortion. It seems that this accident happens only when the uterine cavity is rendered unfit to bear through the size and relations of the tumor; nor does fibroid greatly interfere with the uterine contractions during labor. The best time for hysterectomy is not immediately after delivery, but a few weeks or months later.

* * *

APPLIED MICROSCOPY. — Professor Samuel Lockwood of New York has been making a scientific examination of the air of poorly ventilated school rooms and from the fibers of clothing from the mixed assemblage he found absorbed cuticle, dandruff, epithelia from dried sputum, all of which was floating in the air, to be inhaled by teachers, scholars, sick and well alike.

* * *

RAPID DILATATION IN URETHRAL STRICTURE.—Morotti deals with this subject in the *British Medical Journal*. His method is to introduce a filiform guide through the stricture, to which he immediately adds a No. 29 (Bazy=14 Charrière scale) rigid metallic olivary sound, and at the same sitting passes a No. 31. The next day he repeats No. 31, and passes Nos. 34, 35, and 36, if there is much resistance, up to No. 39. This is followed by the usual treatment

by gradual progressive dilatation with metallic instruments. By this combination of methods Morotti got results more satisfactory than his best expectations, so that since he has never had recourse to urethrotomy except for very old or very narrow strictures. The time taken in the rapid dilatation varied from eight to twelve days. The cases most suitable are those due to chronic gonorrheal processes, superficial ulceration, slight traumatic lesions, and those strictures not very old and only moderately resistant.

* * *

Pilocarpine in Rheumatism.—Dr. Drappier of Auvillers-les-Forges calls attention, in the *Universal Medical Journal*, to the fact that, though sodium salicylate may be regarded as a specific in articular rheumatism, it sometimes causes toxic symptoms so grave as to render its use impossible. In one such case, a patient who suffered from two or three attacks of rheumatism yearly, he used hypodermatic injections of pilocarpine, formerly advocated for the disease, using 0.01 gramme ($\frac{1}{6}$ grain), which led to complete recovery within six days.

* * *

Kidney of Pregnancy.—Trantenroth (*British Medical Journal*) finds that in about half the cases of pregnancy in healthy women, primiparæ or otherwise, a trifling amount of albuminuria is to be detected in the second half of pregnancy. In a minority of cases this symptom is not due to renal changes, in the majority it represents a special morbid condition, best termed "the kidney of pregnancy." As a rule this condition involves no symptoms besides changes in the kidney. Eclampsia and edema are rare. The pregnancy kidney never changes into the kidney of any chronic form of nephritis. There is no true nephritis of pregnancy. Albuminuria is the rule during labor, especially in primiparæ, and casts (usually hyaline) are to be found in almost a third of the cases. In the albuminuria of pregnancy casts are much rarer. The albuminuria of labor is most marked during the period of dilation, and disappears rapidly during childbed, except when there is fever; later on towards the second week, albuminuria usually indicates catarrah of the lower part of the urinary tract. The albuminuria of pregnancy and labor does not render chloroform dangerous. Renal disease existing before pregnancy is greatly aggravated by that condition often ending in death of the ovum and abortion, after which the disease abates more or less. The causes of pregnancy kidney are the increase of intra-abdominal pressure, changes in the nutrition of the kidney brought about by the altered condition of the blood and in special cases obstruction of the left ovarian vein which joins the left renal, and compression of the ureter by the fetal head. The last two causes apply to the kidney of labor (*Geburtsniere*), where also septic changes from pieces of fetal appendages play a part. The degree of the changes which make up the kidney of pregnancy depends on the resisting power of that organ in the individual patient.

* * *

Medical Jurisprudence of Alcoholic Inebriety.—T. D. Crothers, M.D. (*International Med. Magazine*, February, 1893—*Journal of Nervous and Mental Diseases*). The number of inebriates coming under legal notice is steadily increasing, and the methods of treatment are practically failures in every sense. The natural tendency of all persons who are damaged by alcohol is to lawlessness and crime. The error of regarding all persons as sane who continually poison themselves with spirits results in an increase of crime. Courts and juries judge of these cases from theory and not facts. Such cases should be examined by a medical commission and their conclusions should be final in the evidence. The medical jurisprudence of inebriety promises more for the solution of the alcoholic question than any other means.

* * *

Favus.—Dor, in the *Lyon Médical*, and quoted in the *International Medical Journal*, reports two cases of favus of the upper eyelid in which presence of the achorian Schönleinii was revealed.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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SEE PUBLISHERS' DEPARTMENT, PAGE 115.

BALTIMORE, NOVEMBER 24, 1894.

THE statement that the Guild of St. Cecilia in London was trying the effect of music as a healing power shows how history repeats itself and how little there is new under the sun. Ever since David played the harp in the presence of Saul to drive away the evil spirit, the power of music to soothe and to heal has been known. The effect of music on the insane is in most cases quieting. In many insane asylums one special branch of treatment is by the employment of music, either in dancing or in concerts.

Healing Power of Music.

The choir of this guild is composed of three voices and three stringed instruments. They played in a ward in which there were a variety of cases, all suffering more or less pain, and all expressed themselves as feeling better and free from pain during the continuance of the music. This was of course partly in the nature of a diversion, taking the mind away from the pain and leading it into new channels, but in no sense effecting a cure. The music for diversion was varied and at times startling, while that intended to produce sleep was of a monotonous character and very gently performed. An example of monotonous music is that of the eastern character so familiar to those who visited the celebrated Midway at the World's Fair.

A hypnotist is said to have put persons to sleep and then tried the effect of various kinds of music bydifferent composers on them, taking the pulse, temperature, etc., and noting the general effects. As would naturally be expected, the music of the future, that of Richard Wagner, seemed to have the most marked influence. Some music may fail to soothe or may irritate. Even David's skillful playing failed at times to have the desired effect, yet he must have been a more than ordinary player to be able to dodge javelins and perform on that difficult instrument, the harp.

The effect of music on children is well known. Lullabies have been sung from the earliest period and have soothed, whether in times of sickness or in health. The poor husband who walks the floor at night, be he ever so unmusical, makes frantic efforts to turn a tune and often succeeds to his delight in quieting by his discordant notes the wailing infant. Animals, especially mice, show a fondness for music. That music may have a place in therapeutics is very evident.

The work of the St. Cecilia Guild may not be scientific and capable of classification, but it certainly is of great help in many instances; as was shown in some cases of melancholia improvement followed and continued the next day. Such attempts at soothing and cheering suffering humanity, though it may be unscientific and unsystematic, should be encouraged in every way as long as benefit follows.

* * *

MEDICAL writers never seem to tire of discussing the effects of modern dress on women, but it is rare to find a woman take up this subject herself. Dr. Martha J. Smith talks about woman's dress in the *Journal of the American Medical Association*, but she does not reveal to the gentle reader what her own style of dress is. Some women lace to please the opposite sex, but the vast majority of women do not lace in the least, but wear the corset as a support to the body because they have been accustomed to wear it and feel the loss without it. With our present views on decency, it would be rather startling to see

Woman's Dress.

some women of great avoirdupois and shapeless mass without a corset. If woman ceases to wear the corset, she should gradually take to some form of support not as severe as the stiff corset, and perhaps with the training of several generations her figure would stand the corsetless appearance.

It is all very well to quote writers who have studied the abdominal and costal breathing in Indian girls who have never worn a corset. Why should not these same men get the statistics on baldheaded Indians and try to convert the men to wearing hats that do not so compress the scalp as to cause loss of hair? When the men so reform that they are no longer baldheaded then the women will be ready to discard the corset.

The Viennese woman laces so tight that it is no uncommon sight in the autopsy room to see a deep constriction in the liver corresponding to the ribs and tight stays and the lower part of the right side of the liver has been found almost entirely cut off from the rest of that organ. The tight shoe is another evil which is not always confined to woman. Still the gentle sex does deform the foot with a misplaced shoe heel, making it almost impossible to walk any distance without severe discomfort. The use of long black veils to show to the world that the wearers have suffered loss by death of some one dear to them is a custom against which every physician should protest. It is not always the deepest sufferer who wears the loudest insignia of mourning.

There is room for certain reforms in dress, but the men, especially those who wear needle-pointed shoes and woolen clothes in midsummer, should not contend that only woman's dress needs reforming.

* * *

IN the present enlightened age it is interesting to witness the exercise of faith in human nature. From the remarkable cases which have been reported from time to time, it is evident that medical men very readily believe what their patients tell them. When physicians undertake to report to medical societies or medical journals cases which are of more than ordinary interest or which depart very widely from the typical, care should be taken that everything be proved by the physician himself and is not taken on the patient's say so. This may appear very cynical and incredulous, but when it is remembered that patients love to have unusual troubles of which the doctor "never saw one like it before," it is well to make haste slowly and not make public such cases until there has been complete mental digestion.

Remarkable Cases.

* * *

THE meetings which were held at Cumberland this past week were a success. The great distance of Cumberland from Baltimore and the eastern part of the State made a large attendance a little doubtful, but the number at each meeting and the interest evinced fully show that the western part of the State was in earnest when they asked that the semi-annual meeting be held in Cumberland. The Tri-State meeting which preceded that of the State Society filled in Tuesday with excellent papers and intelligent discussion. The meetings on Wednesday and Thursday were fairly well attended all through and the banquet held on Tuesday night brought together in social reunion many men who had not met under such circumstances for years.

Cumberland Meetings.

* * *

IN order that there shall be practical results obtained in social reformation, the co-operation of good citizens and practical business men is imperative. All good people rejoice at the prospect of a change for the better, but the trouble has been that the most moral and religious persons are sometimes the most uncompromising and will accede to nothing but complete surrender, while many a man knows that half a loaf is better than no bread at all, and if, in one year, steps can be taken which look toward social purity, probably in another year greater advances will be made. The handling of the social problem is a very difficult undertaking and no legislation can effect a reform unless there is good common sense behind it.

Social Purity.

* * *

MUCH is being said in England on the hygiene of railways. The subject should be vigorously agitated in this country. The influence of the medical profession, whose power is always recognized in social and sanitary questions, should be brought to bear on this matter of vital public interest.

MEDICAL ITEMS.

Dr. Roux of Paris has been decorated for his researches in the serum treatment of diphtheria.

A new physiological building in connection with the Woman's College of Baltimore was dedicated recently.

Several of the Chicago medical schools have entered into an alliance for the protection of each other's interests.

The Toronto courts have decided that a child with consumption can be legally excluded from the public schools.

A druggist of Detroit has invented a prescription blank so arranged as to avoid the unwarranted repeating of prescriptions.

The New York *Medical Record* incorrectly states that Dr. L. M. Tiffany succeeds the late Dr. A. B. Miles in the Chair of Surgery at Tulane University, New Orleans.

Dr. H. D. Geddings, M. H. S., has begun in Washington the preparation of the antitoxine of diphtheria according to the methods of Roux and Martin. The process will require about three months.

The street railway companies of St. Louis have the eyes examined of all applicants for position of motorman and conductor. This plan might well be copied in all large cities using rapid transit.

At the September examinations for State medical license by the board representing the Medical Society of the State of New York, the number of candidates was seventy-six, of whom fifty-one were successful and twenty-five unsuccessful.

Inspection of vessels arriving at the Cape Charles (Va.) Quarantine Station from November 1 to May 1 will be entirely discontinued, but this Station will be kept in readiness to receive any infected vessel which may be remanded to that Station for disinfection and the treatment of the sick.

The following officers were elected at the annual meeting of the Medical Society of Virginia: President, Robert J. Preston; First Vice-President, Hugh Nelson; Second Vice-President, C. M. Stegleman; Third Vice-President, John Grammer; Recording Secretary, Landon B. Edwards; Corresponding Secretary, J. F. Winn of Richmond; Treasurer, R. T. Stile.

The following passed at the last examination of the Virginia Medical Examining Board: Dr. C. M. Atley, Leesburg, Va., Dr. Lacy Gibson, Staunton, Va., Dr. W. A. Wynhoop, Berryville, Va., graduates of the University of Maryland, and Dr. J. W. Brown, Rochelle, Va., graduate of the College of Physicians and Surgeons of Baltimore.

Several very generous bequests to medical charities have recently been made by physicians. The late Dr. Albert B. Miles, Surgeon of the Charity Hospital of New Orleans, left $10,000 each to the following institutions: Medical Department of Tulane University of Louisiana; Charity Hospital of New Orleans; and the Hôtel Dieu, also of New Orleans. Mr. Gervas Taylor of Ireland left £27,750 ($138,750) to various Dublin hospitals.

Dr. Theodore W. Glocker died at his late residence on McCulloh Street, last week, after a short illness. Dr. Glocker was born in this city and was graduated from the City College in 1858 and from the University in 1860, after which he was appointed resident physician at the University Hospital, then called the Baltimore Infirmary. Dr. Glocker was appointed Assistant Surgeon in the Confederate Army. Since the close of the war he has been engaged in active practice in this city.

At the seventh annual convention of the Southern Surgical and Gynecological Association held at Charleston, S. C., last week, the following officers were elected: President, Dr. L. McLane Tiffany, Baltimore, University of Maryland; Vice-Presidents, Dr. Manning Simons, Charleston, S. C.; Dr. E. S. Lewis, New Orleans, La.; Secretary, Dr. W. E. B. Davis, Birmingham; Treasurer, Dr. Raecard Douglass, Nashville, Tenn. The next meeting will be held on the second Tuesday in November, 1895, in Washington, D. C.

At the last examination of the South Carolina Medical Examining Board, of four applicants from Howard University of Washington, two passed and two failed; from the College of Physicians and Surgeons of Baltimore, one applied and one failed. From the Baltimore Medical College one applied and one passed. Before the Pennsylvania Board, from the College of Physicians of Baltimore, three applied and one failed; from the Baltimore Medical College, eight applied and five failed. The report of the Maryland Examining Board will appear next week.

WASHINGTON NOTES.

Mrs. Pemberton, a volunteer nurse at the Small-pox Hospital, took the disease and died. The other patients have been progressing well.

The Medical Association of the District of Columbia held a meeting on the 13th inst. for the purpose of discussing changes in the by-laws.

The Gynecological and Obstetrical Society held its regular meeting on the 16th inst. Dr. W. M. Sprigg read the paper of the evening, "A Case of Double Vagina and Uterus." The paper was very interesting and was discussed at length. One of the many peculiarities of this case was, that one month she would menstruate from one uterus and the next month from the other.

Dr. W. P. Carr opened the discussion and showed a drawing of a case that had recently come under his observation. The woman had a double uterus but a single vagina. One side was empty, but the other had a dead fetus in it.

The Medical Society of the District of Columbia held its regular meeting on Wednesday night. Dr. S. C. Busey, the President, in the chair.

Dr. H. A. Robbins read a paper entitled "Duo Venira," in which he gave a complete history of syphilis from the discovery of America to the present time. The paper was ably discussed at some length by Dr. J. Ford Thompson and other members present.

Dr. Thompson said that it was his experience to see more chancres than chancroids and that it was unsafe to diagnose chancroids; that often cases that had been thought to be chancroids had developed secondary symptoms of syphilis afterwards. He favored the inunction and hypodermic methods of treatment and large doses should be given in the early stages and gradually the doses could be decreased. He did not believe in the abortive treatment, but that the poison entered the blood in a few hours and that the chancre could be compared with vaccination, merely a local manifestation.

Dr. E. L. Morgan and others continued the discussion, especially as to the date of the origin of the disease.

Dr. J. W. Bovée presented a dermoid cyst, pyosalpinx and double ovarian abscess, removed from a negro woman. The cyst contained 16 ounces of yellow fluid, which in cooling became solid and resembled tallow. It also had a mass of black hair in it.

Dr. Joseph Price of Philadelphia will read a paper before the Society, entitled "The Knowledge and Responsibilities of the General Practitioner in Gynecological Cases."

PUBLIC SERVICE.

CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY AND NAVY, FROM NOVEMBER 13, TO NOVEMBER 19, 1894.

By direction of the Secretary of War, the leave of absence granted First Lieutenant Francis A. Winter, Assistant Surgeon, in Special Order 71, July 25, 1894, Department of Texas, is extended one month.

By direction of the Secretary of War, the leave of absence granted Captain Eugene L. Swift, Assistant Surgeon, in Special Order 147, October 11, 1894, Department of Dakota is extended one month.

Medical Inspector J. M. Flint detached from the United States Ship "Baltimore," home and three months' leave.

Surgeon C. U. Gravall ordered to the United States Ship "Charleston" per steamer, December 4, 1894.

Surgeon J. A. Hawke detatched from the United States Ship "Charleston" and to the United States Ship "Baltimore."

Assistant Surgeon J. S. Hope ordered to the United States Receiving Ship "Franklin."

Assistant Surgeon W. H. Barnum detached from United States Receiving Ship "Franklin" and to the New York Navy Yard.

Past Assistant Surgeon M. F. Gates ordered to the United States Receiving Ship "Richmond."

Medical Inspector G. R. Brush ordered before Retiring Board at New York, November 17, 1894.

Surgeon L. G. Heneberger detached from Marine Rendezvous and continue special duty in New York.

Surgeon J. M. Steele detached from League Island Navy Yard and to Marine Rendezvous, New York.

Passed Assistant Surgeon W. H. Rush detached from Naval Academy and to the League Island Navy Yard.

Passed Assistant Surgeon A. M. D. McCormick ordered to the Naval Academy, Annapolis, Md.

BOOK REVIEWS.

A MANUAL OF MODERN SURGERY, GENERAL AND OPERATIVE. By John Chalmers Da Costa, M. D., Demonstrator of Surgery, Jefferson Medical College, etc. W. B. Saunders, Philadelphia: 1894. Price $2.50.

In many respects this book should prove of value to the medical student; it is clearly written, the general surgery is thoroughly reviewed, and the treatment of the various surgical diseases is given very fully; a thing so often neglected in surgical text-books. There is, however, a noticeable lack of illustrations throughout the book. The reviewer must differ with the author in his statement, page 1781, that in syphilis the tertiary stage is not often reached. In the portion devoted to operative surgery several important points are overlooked; as in describing the treatment for fractures of the lower jaw no mention is made of the dental splint. In fractures of the patella there is no reference to the fibrous tissues which fall in and cover the fractured ends of the bone, and are the main preventives of bony union. In the description of pylorectomy the author does not speak of the immense mortality following such operations. The word "clap," while perfectly correct, should hardly find a place in a text-book. A typographical error, which might give rise to confusion to one looking up references, is the misspelling of Dr. Halsted's name on pages 632 and 646. This work on the whole will prove of greater value to the medical student than to the surgeon.

A MANUAL OF THE PRACTICE OF MEDICINE. By A. A. Stevens, A. M., M. D., Lecturer on Terminology and Instructor in Physical Diagnosis in the University of Pennsylvania. Third Edition, Revised. Illustrated. Philadelphia: W. B. Saunders. 1894. Pp. 501. Price $2.50.

This book has reached its third edition in two years and hence is well known to those for whose use it is intended. Some modifications and changes have been made in the text, but as a whole it is much like the previous edition. In addition to the description of each disease with its diagnosis and prognosis, the treatment is given very clearly and there are numerous prescriptions showing the best combination of drugs in each case. This book forms an excellent reference work.

THE *Southern Medical Review* has been sold to the *Texas Sanitarian*.

CURRENT EDITORIAL COMMENT.

REPEATING BY DRUGGISTS.

Dominion Medical Monthly.

WHEN a doctor gives a patient a prescription, he only sells to the patient the right to use the amount ordered in the prescription. This has been tested in the court and settled. Neither the patient nor the druggist has any legal right to repeat.

VALUE OF HYGIENE.

Philadelphia Polyclinic.

THE most valuable service the profession now renders the community is probably in matters that strictly belong to hygiene rather than medicine. The hygienic treatment of many diseases is the essential portion of the treatment; the strictly medical is often of doubtful and slight value.

SIMPLICITY IN THERAPEUTICS.

New York State Medical Reporter.

THERE is a decided and increasing disposition to avoid complexity in the administration of drugs, and to discard the thousand and one symptom remedies which have been so universally employed during the last few years. It is becoming apparent to the best minds, that upon the proper study of disease remedies our greatest progress and success will depend. It is far better to have a complete and extended knowledge of the few old standard drugs of our fathers and the disposition to confine one's self to them than to have poorly defined ideas regarding the action of everything which is advertised, and an uncontrollable desire to try them all at the first opportunity.

BREVITY.

The Journal.

A FACT stated with simplicity gains in force, while if buried in tropes and figures or in mere words, it has no vigor. Too great attention to ornament destroys the dignity of an article, and is nearly fatal to its authority. One need not reject ornament, but in writing upon scientific subjects ornament must be held subordinate to truth and simplicity. These last are indeed cardinal virtues in the manuscript intended for the medical journals. Let the writer write what he thinks, express what he feels, and record what he observes. Observations of unusual cases are *always* of interest, no matter how they are reported, but even these reports lose none of their interest by being brief.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXII.—No. 6. BALTIMORE, NOVEMBER 24, 1894. Whole No. 713

ORIGINAL ARTICLES.

ABDOMINAL SECTION FOR TRAUMATISM.

Read before the Surgical Section, College of Physicians of Philadelphia, October 12, 1894.

By Robert G. Le Conte, M. D.,
Philadelphia.

Gentlemen: I wish to report to you this evening three cases of abdominal section for traumatism. They all occurred at the Pennsylvania Hospital, and I am indebted to the kindness of Drs. Ashhurst and Packard for permission to report them, for whom I was substituting at the time in the wards. The first, C. I., an Italian laborer, aged thirty-five, was brought in by the patrol at 7.30 p. m., August 2, 1893, in a condition of profound shock. He had received four wounds from a 38 calibre revolver. The first had penetrated the abdomen in the left lumbar region, on a line with the umbilicus; as he turned to run away he received a second in the left side, between the twelfth rib and the crest of the ilium; the third penetrated the back in the left lumbar region, and the fourth passed through the right arm at the upper third. Hypodermics of strychnine and digitalis were given, with external heat, etc. When his temperature began to rise he was immediately placed under ether. The abdomen was opened in the median lines, and the cavity was found full of blood. Fifteen perforating wounds of the intestine were brought together with fine silk by means of the Lembert suture, and four wounds of the mesentery, in which the bowel was not involved, were stitched together, besides a few nicks in the bowel which had not penetrated to the mucous coat. A hasty examination of the spleen, stomach and liver was made, and as far as I could tell they had not been wounded. As the urine came clear from the catheter it was inferred that the kidneys had not been touched. The abdominal cavity was then flushed out with warm, distilled water that had previously been boiled, until the fluid ran clear, a glass drain inserted, and the abdomen closed with silkworm-gut sutures, the fascia being brought together with a continuous catgut suture. During the etherization the patient's condition was very bad, and hypodermics of strychnine and digitalis had to be repeatedly given. The operation lasted not quite two hours. At the conclusion his temperature was $97\frac{4}{5}°$ and the pulse was almost imperceptible. The treatment consisted of strychnine, brandy and digitalis by hypodermic, and nothing was given by the mouth. At 3 a. m. the temperature had risen to 101°; pulse 96 and weak; respiration 30. He was delirious and very restless, and he had to be strapped and morphine given. At 10 a. m., his condition had improved. Temperature had fallen to 99°; pulse 110 and stronger; respiration 24, and he was quiet and his mind was clear. During the night the

glass drain had been sucked dry every ten or fifteen minutes with a syringe, and the quantity of blood or bloody serum withdrawn amounted to about an ounce an hour. This gradually diminished to half an ounce by morning; urine was passed free from blood.

At 4 P. M. his temperature was 98⅗°, pulse 114, and respiration 22. The abdomen was moderately distended and there was frequent belching of wind, but no vomiting. No flatus had been passed. Toward evening the temperature began to rise, the pulse became weaker, delirium set in, and the patient slowly grew worse until death intervened the next day at noon, thirty-seven hours after operation. The post-mortem examination was made by the Coroner's physician, and as I was not present I only have the few notes made by him. Two of the bullets were recovered; one had entered the liver from behind, passed through it and lodged in one of the short ribs on the right side; the other was found just under the omentum near the stomach. None of the stitches in the intestines had given away, and no extra perforations of the bowel were found.

Both of the other cases occurred in colored men, stevedores by occupation, strong and beautifully muscled specimens of manhood. They were admitted on the evening of the 10th of last February. The younger, Alex. C., aged twenty-three, was stabbed in the abdomen, a little below the umbilicus and about three inches to the right of the median line. The wound was a little over an inch long on the skin surface, and a small piece of omentum was protruding from it. There was very slight shock. The patient was immediately etherized, the abdomen opened in the median line, the omentum withdrawn through the median incision, the protruding portion ligated and cut off. The small intestine and cecum with part of the ascending colon were next examined and no wounds found. The stab-wound was closed with two silkworm-gut stitches, the peritoneum washed out with warm, boiled, distilled water, and the abdomen closed without drainage with silkworm-gut sutures, the fascia being brought together with a continuous catgut suture. The next day his temperature rose to 100° and then fell to normal, and he made an uninterrupted recovery. The stitches were removed on the ninth day and the wound was entirely healed.

The elder, Frank W., aged forty, also had a stab-wound in the right upper hypogastric region, about two inches from the median line. He had had free hemorrhage from the wound, as his clothes were partly saturated with blood. The cut on the skin surface was a little less than an inch long, and, after enlarging it slightly, my finger readily passed into the abdominal cavity. There was but little shock. The patient was etherized and the abdomen opened in the median line. A quantity of arterial blood immediately presented. The bowel and the omentum were carefully examined and no wounds found. It was then concluded that the deep epigastric artery had been severed, and as I did not think it desirable to enlarge the stab-wound, two deep sutures were passed on either side of it, through the peritoneum, and tied. The stab-wound was then closed with silkworm-gut, the peritoneum washed out, and the abdomen closed in the same manner as in the previous case. As I was not absolutely confident that I had checked all the hemorrhage, and thought it possible I might have overlooked some bleeding point, a glass drain was left in. The tube discharged about f ℥ss an hour of bloody serum during the night, and then gradually diminished in quantity. The next day his temperature went up to 101⅕° for a few hours, but soon fell to normal again. On the 17th, seven days after operation, he developed a mild delirium which was thought to be alcoholic, and he was placed on the ward delirium tremens mixture. This subsided by the 23d. On March 3d he was allowed to get up, the wound being healed, except for a small superficial ulceration, the remains of the tract formed by the tube.

I should like to present the following points for consideration this evening:

1. That the surgeon must assure him-

self absolutely that the peritoneal cavity has been opened before proceeding to operate, either by means of the finger or probe, or the protrusion of some of the abdominal viscera or contents of the viscera. If the wound is so small that this cannot be demonstrated, it must be enlarged with the knife, until it is proved either to have penetrated or not to have penetrated.

2. That as speed is such an important factor in these cases, and that the patient's chances of recovery often diminish proportionately with the length of the operation, I would advocate the median incision in all cases except where the liver has been manifestly injured, because the abdominal cavity can be opened more quickly and more bloodlessly in the median line, and a more thorough search of all organs can be made in a much shorter time than from any other incision, and also because the wound can be more quickly closed and with less danger of a future hernia resulting.

3. The abdomen having been opened and a number of wounds of the intestines found, I would advise that two surgeons should work at the same time, sewing up these perforations, using the continuous or running Lembert suture as a means of saving time, the rest of the intestines being covered with hot cloths to prevent shock. Fine twisted silk is the best suture for this purpose, and the needle must be smooth and round, without sharp edges.

4. I would recommend the flushing out the peritoneal cavity with a warm solution as a means of cleansing it from clots, blood, etc., as a means of reducing shock, and also because it allows the intestines to float and to resume as nearly as possible their normal position in the abdominal cavity. This solution should be warm water that had previously been sterilized by boiling, containing seven-tenths of 1 per cent. of salt, as the blood, when freed from its solid constituent, represents most nearly a seven-tenth of 1 per cent. salt-solution both in its reaction and specific gravity. It is a well-known fact that two fluids of different density and reaction, when separated by a thin animal membrane, will mingle by osmosis, and that pure water will in such cases abstract the salts from the blood, causing a primary blanching of the membrane, soon followed by a secondary hyperemia, with injection of its vessels. If the eye be washed with pure water, an injection of the vessels of the conjunctiva will follow, but if a little salt is added to the water, no injection will result. It is easy to conceive that the action of pure water on the conjunctiva would also follow in the case of the peritoneum, and experiments on animals has proved this to be a fact.

5. Unless the operator is certain that he has checked all hemorrhage, and that there is nothing more than a slight oozing present, I would recommend the use of a glass drain, believing that the dangers of infection through the tube are much less than from a small collection of bloody serum, a most acceptable medium for any septic material which may not have been removed by the flushing out of the cavity. The drain should not remain in more than thirty-six or forty-eight hours, as in that time lymph has been thrown out from the adjacent peritoneum, gluing the tissues together, so that a perfect tube-tract has been formed, after which the tube is more dangerous than advantageous.

6. That the incision should be closed by passing a set of silkworm-gut sutures entirely through the abdominal wall, from skin to peritoneum, and, before these are tied, stitching together the fascia with a continuous catgut suture. As the fascia is by far the most important structure in the support of the abdominal contents, it is necessary that its edges should be neatly and closely approximated, and for this purpose a moderately thick catgut suture, which is allowed to remain buried in the tissue, gives the best results. The stitches through the abdominal wall will bring the peritoneum together just as well as when it is separately sewed, and saves the time that this extra row of sutures would require. For this purpose silkworm-gut is preferable to silk, as it is not irritating and non-absorbent, while silk acts like a drain, carrying the discharges through the whole course of

the wound. If these discharges at any time become septic a stitch-abscess results. The stitches should remain in eight or nine days, after which the wound is supported by adhesive straps, and when the patient is allowed to get up, not before the twenty-first day, an abdominal supporter should be worn for several months. If the patient is much beyond middle life the supporter may have to be worn for years.

Lastly, the after treatment of the patient. As the wounding of the bowel and the necessary handling of that viscus in sewing up the wound and examining it for further perforations causes paralysis of the gut, with its concomitant distention from gases, the after treatment should be directed toward the relief of this distinction and the overcoming of the paralysis, as to my mind there is far more danger of the sutures giving away from this over-distention than there is from any peristaltic action that can be induced. Secondly, paralysis of the gut favors ptomaine absorption, and the sooner this paralysis is overcome and the poisonous substances swept out of the alimentary tract the greater are the patient's chances of recovery.

I would, therefore, advocate the use of salts, because they excite peristalsis, relieve the distention, and sweep the ptomaines out of the alimentary tract, besides drying the peritoneal cavity, and thus removing a possible source of septic infection. I believe the exhibition of opium to be strongly contra-indicated, as it increases the paralysis of the bowel, allows the tension on the stitches to become very great from over-distention, and favors the absorption of ptomaines. Of course, there are a certain number of cases where restlessness is marked, and where the dangers of its exhausting the patient are so prominent as to make it the cardinal symptom to combat. In these cases morphine must be given by the hypodermic until quiet is obtained.

To sum up, my treatment would be as follows: Strychnine, brandy, and digitalis by the hyperdermic, water containing a little salt, by the rectum, to quench thirst. Six hours after the operation one-half grain doses of calomel by the mouth for six consecutive hours, and then drachm doses of epsom salts every hour, given in as concentrated a form as possible, until the bowels are moved. No food until the functions of the bowels are well established, and then milk only in small quantities often repeated. I have seen the bowel twice ruptured in the removal of abdominal tumors, owing to its strong adhesion to the growth. In each case it was promptly sewed up and the removal of the growth proceeded with The patients were placed on the usual treatment of calomel, followed by salts, and each made an uninterrupted recovery. On talking this over afterward with the operator, he stated that when the adhesions were so strong that it became a question of rupturing the bowel or not removing the tumor, he always chose to rupture the gut, as he had never had any bad results follow, or seen a single symptom which could be attributed to this rupture.

In conclusion, I believe the three great causes of death in these cases are shock, ptomaine absorption, and peritonitis, in the order named, and that the treatment should be successively directed against them.

Removal of Appendages.—Quénu (*British Medical Journal*) operated on a virgin, aged 27, who had been sickly from childhood. Last autumn, when she suffered from leucorrhea, etc., Quénu, finding no severe lesions, used the curette and kept her at rest two months. She became worse, and an operation was performed on March 9. The tubes were found fixed by adhesions, tuberous, yellowish, and caseating. The patient did well until the third day, when she had violent hemoptysis and died. The sputum was used for inoculation; pneumococcic infection resulted. Each tube contained a great cystic pouch and numerous secondary cysts. In all these cysts the contents were granular without giant cells. In the walls of the cysts Metchnikoff discovered large cells, round pigmented bodies presenting the type of hematozoa. Bodies of the same kind were found in the lungs, but not in the blood.

GUNSHOT WOUND OF THE ABDOMEN AND LUNG.

Read before the Surgical Section, College of Physicians of Philadelphia, October 12, 1894.

By Lewis W. Steinbach, M. D.,
Philadelphia.

A. H., aged thirty-six years, white, a Philadelphia police sergeant, was admitted to the Polyclinic Hospital August 30, 1894. Twenty-minutes previous to admission he had been accidentally shot in the abdomen by a 44-calibre pistol.

His temperature on admission was 98°, pulse 60, respiration 28. He was weak and faint, although externally he had not lost much blood. With the assistance of two officers he had walked from the place of shooting to the hospital, comprising several blocks.

Patient complained of some pain around umbilicus, and was unable to void his urine.

The history obtained from the patient states that he was sitting in a chair while the person who shot him was standing to his right, the pistol pointing slightly to patient's left. On examining the abdomen a small wound one-quarter inch in diameter was seen two inches below and to the right of the umbilicus.

After cleansing the part a probe was gently inserted into the wound, and it was probed in all directions. The muscles had been torn up in several directions, so that this was not satisfactory, although there seemed to be a track in an upward direction and to the left, which from the history seemed to be the true course which the ball had taken. A small quantity of sterile water was then injected into the wound; but, as it returned, it could not be made out that the abdominal cavity had been entered, although this was what was thought to be the case.

Upon consultation with three of the hospital surgeons it was decided to etherize the patient, follow the upward track, and if the abdominal cavity had been entered, to do a celiotomy in order to ascertain the extent of injury.

Patient was etherized, and after all antiseptic precautions had been taken, a grooved director was introduced into the wound, and after some little trouble, as the track was irregular, it was laid open to about an inch in extent. Upon pushing the director further it entered the peritoneal cavity. The consensus of opinion was to do a laparotomy. A three-inch incision was made in the median line, and upon opening the peritoneal cavity a considerable quantity of blood escaped through the wound. The intestine was carefully examined, and nine perforations made by the bullet were found. These were principally in the lower part of the jejunum and the ileum. One was wholly in the mesentery, while the others chiefly lay at junction of it with intestine; and it was from these that the greater part of the blood was oozing. The colon was not perforated.

The various perforations were sutured with Lembert's suture, silk being used. After carefully going over the small intestine they were replaced and the abdominal cavity thoroughly washed with warm sterile water until all blood and clots were removed and the fluid returned clear. A glass drainage tube was placed in the lower part of the wound and silkworm-gut sutures introduced, closing the incision. The ordinary antiseptic dressing was applied.

The bullet had not been found but was thought to have taken an upward course to the right of the spinal column.

The operation was a long one, and it was found necessary to adminster strychnia and atropia to combat the shock. Temperature after operation was 99.8°; pulse 120; respiration, 28.

The patient came out of the ether and seemed to rally; but during the evening his pulse became weak, thready and very rapid, reaching 156 by 9 P.M. The tem-

perature kept rising slowly and steadily, until 3 A. M. it reached 102.4°. About ʒiv fluid blood and serum was obtained through the drainage tube. It did not clear though it lessened in quantity toward morning. It was also noticed that the patient coughed up a small quantity of a dark chocolate-colored fluid. Stimulating treatment was kept up during the night. He complained greatly of thirst, was extremely restless, it being with difficulty he was restrained in bed. But at no time did he complain of pain.

The pulse became weaker and weaker and at 8.36 o'clock the morning following operation, he died. Temperature taken half an hour previous to death registered 105.6°,

An autopsy was held by the Coroner, and it was found that the bullet had pursued an upward course after striking the spinal column, passing beneath the diaphragm, rupturing some of the vessels at the root of the right lung, which was engorged with blood. The right pleura was filled with blood. There was also blood in the abdominal cavity, due to rupture of the small vessels in liver tissue. The intestines looked ecchymotic in places; the places that had been sutured showed commencing union. The bullet was not found, but traced to muscles of the back.

GUNSHOT WOUND OF THE LIVER AND LUNGS.

READ BEFORE THE SURGICAL SECTION, COLLEGE OF PHYSICIANS OF PHILADELPHIA, OCTOBER 12, 1894.

By Thomas S. K. Morton, M. D.,
Professor of Surgery in the Philadelphia Polyclinic.

A BOY, aged nine and a half years, was admitted to the Pennsylvania Hospital, September 11, 1894, with a history that he had been shot by a 32 calibre revolver at short range but a few moments previously. I saw him almost at once after admission, and found a bullet wound one and a half inches below and half an inch to the left of the ensiform cartilage. He was not especially shocked, Was said to have vomited considerable blood, and complained of great pain in the epigastrium. Abdomen not distended.

Ether was administered and perforation of the abdominal cavity proved by enlarging the bullet wound slightly and passing a probe. Having thus made certain that the peritoneum had been entered, an incision was made in the median line from the ensiform cartilage downward for four inches. Upon laying open the peritoneum much fluid blood and some large clots flowed out. It was found that the ball had passed through the right lobe of the liver, two and a half inches behind the anterior margin, then emerged just above the gastro-hepatic omentum, had almost totally destroyed the lobus spigelii, then had torn a large hole in the lesser omentum, again perforated the peritoneum, struck the first lumbar vertebra, and became lost. Blood welled up in large quantities from the posterior peritoneal opening, mostly venous, but partially arterial. A finger tip only could be passed into this wound. There was no wound of stomach or intestines. The wound of the right lobe, as well as that of the spigelian lobe of the liver, was not bleeding. A column of iodoform gauze was carried down so as to block the wounds of the lesser omentum and posterior layer of the peritoneum, and at the same time to press upon the mutilated spigelian lobe and posterior or exit wound of the right lobe of the liver. The packing was continued and brought out through the parietal wound. The wound of entrance into the right lobe was not interfered with. The abdominal wound was now closed around the gauze drain after copious irrigation of the surroundings with hot salt solution. As it was suspected that much blood had gravitated into the pelvis and lower portions of the abdomen, which could not readily be washed out by irrigation from above, it was determined to make a small opening above the pubis for that purpose and to put in a drain-

tube. Accordingly a half-inch incision was made just above the symphysis, and much fluid blood and clots washed out through it by means of a long irrigator tube. A glass drain was carried through this wound to the bottom of the pelvis, to serve as an index should further hemorrhage take place into the abdomen. But, despite all efforts to the contrary, the lad died in a few hours.

At the post-mortem examination it was discovered that the ball had passed between the aorta and vena cava, and perforated the right crus of the diaphragm before striking the first lumbar vertebra. In the latter it cut a large groove, and was deflected upward and outward through the pleura, and into the substance of the right lung, where it was found imbedded. The lower lobes of this lung were distended by blood, and over a quart in addition filled the pleura sack. No wounds of other viscera were discovered. There was no blood in the abdominal cavity.

Upon careful inquiry after death I ascertained that the reported vomiting of blood had been incorrect; that in reality he had coughed up and not vomited it. No special examination of the chest was made before operation, and no signs appeared to call attention to that locality. But the bleeding thereinto was unquestionably the immediate cause of death. Had the ball not wounded the lung I believe that the boy would have had a very good chance of recovery afforded him by the operation.

A CASE OF HYDROCEPHALUS.

By Andrew J. Sauer, M. D.,
Associate Professor of Chemistry at the Baltimore University School of Medicine.

Mrs. J. K. S., aged 29, very weak and anemic, has been married eight years, and is the mother of five children, two of which are living, aged seven and three years respectively. The first two children died in infancy, one at the age of three months from cholera infantum, the other at the age of twenty-two months, of pertussis. The husband is a butcher and has for two years been unable to work on account of a general arthritis. There is no history of alcoholism, syphilis or consanguinity in the family. There were no more than ordinary labor pains attending previous confinements. In the last labor, fifth child, pregnancy having run to full time, the woman went into labor on Sunday, October 28, 1894. At an early hour in the evening of the same day the membranes broke. She had engaged the services of a competent widwife, who told me she had found a breach presentation and had done a cephalic version. Three physicians were called in; they all abandoned the case; the third one, however, ordered ergot in drachm doses every half hour and he did not again return.

Being called in after the woman had taken nearly two ounces of ergot, at 1.30 p. m. on Wednesday, October 31, I found the uterus entirely inert, the cervix thickened and rigid with a dilatation of about two inches diameter; there were no labor pains present, but there was, however, a deep-seated pain in the right hypochondriac region. The bowels were freely moved and bladder evacuated several times without artificial aid. On vaginal examination, a large doughy tumor revealed its presence to my finger which suggested to me the probability of a hydrocephalic head. The enormity of the head rendered a forceps operation impracticable.

I had given the woman forty grains of quinine sulphate in ten grain doses, but it failed to act as an oxytocic in ten hours. The woman was then given morphia sulphate, one-fourth grain in a little whiskey, and then was anesthetized with chloroform. I opened the tumor on the child's head, when I had my original diagnosis confirmed. I drew away over five pints of water. The head then collapsed and delivery was simple and easy. Some putrefactive changes being present in the child convinced me that it was dead prior to my arrival at the case.

Neither the cervix nor perineum were torn. The parts were thoroughly irrigated with hot water, which acted effectively in checking a post-partum hemorrhage, which was quite copious. I also used ergot in drachm doses to attain this end. The woman soon rallied from the chloroform and I gave her a hypodermic injection of whiskey. Of course the entire procedure in the delivery, etc., was under rigid antiseptic precaution.

Finally the parts were dressed with iodoform, a soft pad applied, then a T bandage. The child I took to my office and stuffed the head with oakum. The circumference of the head was 26 inches, the measurement from behind the ears over the skull was 16 inches. The baby was female, well formed and fairly large. On the day after delivery the mother's pulse was 80 and temperature 98.6° F. On the third day the pulse was 86, temperature 99° F. She has constantly improved up to the present time and is strong despite the post-partum hemorrhage, which I think in all probability was due to the chloroform in its relaxing effect on the uterus, which had been rigid for ten days.

Primary Cancer of Fallopian Tube.—Tuffier (*British Medical Journal*) describes another example of this disease, only recognized within the last eight or ten years. The patient's age was 55. She had borne two children, the youngest when 25 years old. Menstruation began at 18, and ended at 51, in 1888. In May, 1892, metrorrhagia and hypogastric pains set in. As they continued she entered the Hôpital Beaujon and was placed in Anger's wards in July, 1892. The right iliac fossa was filled with a solid mass, which pushed the uterus forwards and fixed it firmly against the symphysis. Retro-uterine hematocele, probably due to a new growth, was diagnosed, and abdominal section was performed on July 8, 1892. A mass of the size of a small fetal head was removed. It consisted of the right Fallopian tube. The uterus and left tube was normal, the left ovary sclero cystic. The patient was examined five months later; no trace of recurrence or metastasis could be detected. The tube, pear-shaped, was found full of serum and clots. Its walls were thin, and it contained a villous tumour. This growth was mounted on a pedicle a centimeter broad, attached to the walls somewhat inferiorly, and to the inner side of the middle of its course. At the point of attachment of the pedicle the tumor substance perforated the tube wall so that a tubercle as big as a pea projected on the outer surface of the tube. The villous mass was an epithelioma, allied to cylindroma; the stroma was very very young connective tissue.

* * *

Apex Expansion in Phthisis.—Weaver (*Philadelphia Polyclinic*) recommends after a full inspiration to hold the breath a moment by closing the glottis. The effect is increased if during the holding of the breath the lower chest is compressed with the hands. After a few weeks the inspirations became much fuller and the tension developed greatly increased. The arms should be raised in order to get the fullest inspiratious. These efforts at forced expirations should be continued for ten to fifteen minutes every two hours during the day—before arising in the morning and after retiring at night. The patient should be under constant medical supervision, and at first the efforts must not be too violent. During hemorrhage and for a week after it is completely stopped, pulmonary gymnastics should be suspended. To overcome muscular atrophy about the chest, and to increace its expansion, the patient may learn the use of indian clubs and dumb bells and resort to them regularly.

* * *

Chloralose in Epilepsy, Hysteria and Chorea.—In Fêrê's hands chloralose proved a valuable hypnotic, without unpleasant after effects, in a number of cases of the above named neuroses. He recommends in the *Journal of Nervous and Mental Diseases* its use in beginning doses of 18 grains, which may be increased to 30 grains.

SOCIETY REPORTS.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

SECTION ON SURGERY.

MEETING HELD OCTOBER 12, 1894.

Dr. Robert G. Le Conte read a paper entitled THREE CASES OF ABDOMINAL SECTION FOR TRAUMATISM. (See page 97.)

Dr. Lewis W. Steinbach read a paper on a CASE OF GUNSHOT WOUND OF THE ABDOMEN AND LUNG. (See page 101.)

Dr. S. K. Morton read a paper on A CASE OF GUNSHOT WOUND OF THE LIVER AND LUNG. (See page 102.)

Dr. Edward Martin: Aside from other considerations the fact is worthy of note that Drs. Le Conte, Steinbach and Morton have been willing to report cases of celiotomy for gunshot wound involving the abdominal contents, in which the result was not always favorable. It is certainly the exception to find any but the successful cases reported. Hence the results of a statistical study of this subject are most misleading. Thus in the admirable tabulation by Dr. T. S. K. Morton, published some years ago, the percentage of recovery after surgical intervention was so favorable that the inference as to the duty of every surgeon to operate at once on all these cases was direct. When all the cases operated on in a given section, New York, for instance, were collected, including those which were not published, it was found that the mortality was about the same for the cases treated expectantly, *i. e.*, where operation was performed.

Reclus and Nougues, exploiting their sides of the subject, *i. e.*, conservative treatment, deduced as the result of their statistical study the fact that the mortality after penetrating gunshot wounds of the abdomen is about twenty-five per cent. This is manifestly misleading, the result being due to the fact that only the rare successful cases of conservative treatment are published.

It still remains an open question as to whether a patient with a penetrating gunshot wound of the belly has not a better chance for recovery without operation, unless there should happen to be present a skilled abdominal surgeon, armed with all the appliances of his art.

The importance of this consideration of the question rests upon the fact that the country doctor or country surgeon whose experience has been limited, and who is unable to secure the timely help of a specialist, need not feel that in treating penetrating gunshot wounds of the belly conservatively he is unfaithful to his trust.

As to the diagnosis of these cases, *i. e.*, the diagnosis of penetration, unless this is absolutely assured by leakage of feces or gas, for instance, or by bloody vomiting, or by purging of blood, or other pathognomonic symptoms, or by passing of the probe into the abdominal cavity, the fact of penetration should be definitely ascertained by exploratory incision in the line of the bullet wound before proceeding to a formal celiotomy in the middle line.

The importance of bearing this in mind was well illustrated by a case which I saw in consultation with Dr. Edward Bidwell of Vineland, N. J. The patient was a very fat woman who had been shot from directly in front with a 32 calibre pistol. The wound of entrance was a quarter of an inch below the level of the umbilicus and two inches to the left. The patient was vomiting, had a rapid pulse, was tympanitic, complained of peritoneal tenderness upon the left side of the abdomen. The probe passed obliquely downward and backward through about three inches of fat and stopped at the muscles. Apparently the case was a fairly clear one of penetration and visceral wound. Exploratory incision along the track of the ball showed that it ranged downward and backward, penetrated the abdominal muscles one and a half inches above Poupart's ligament, grazed the peritoneum, and buried itself in the muscles of the pelvis. The wound was cleaned and closed and the woman was purged. In this case celiotomy might have proved unfortunate.

For flushing out the abdominal cavity the normal saline solution is very much

better than plain distilled water. The latter causes a primary blanching and a secondary acute hyperemia, as shown by repeated experiments on dogs by Dr. Hobart Hare and myself. The normal saline solution is perfectly bland and unirritating.

As to the method of closing the belly wound, there is wide diversity of opinion. Perhaps there is a growing tendency at present to first stitch the peritoneum with a continued suture, then complete the closure by stitches taken through fascia, muscles and skin. In any event, except for buried sutures, silkworm-gut should be used.

Dr. G. G. Davis: In a gunshot wound of the intestine the ball oftentimes perforates both sides of the wall and it makes so many openings that, as Dr. Le Conte has pointed out, the most careful examination is necessary in order that none may be overlooked. This takes so long, that in order to save time in some cases it would be better to resect as does Murphy with his button, in preference to other methods, such as stitching each separate wound and especially circular enterorrhaphy.

Dr. John B. Roberts: Dr. Martin has spoken of the possible bad results of gunshot wounds of the abdomen, and said that the mortality is not greater in such cases when left to nature with good nursing, than when treated by modern surgical methods. Of course it is difficult to decide this, but my own impression is that it is far better to open the abdomen in all penetrating wounds. If the operation be done by modern methods, the result is I believe much better than can be obtained by expectant treatment. Under the old methods nearly all penetrating wounds of the abdomen caused death. I recall however one case of gunshot wound that recovered when such abdominal operations as we now perform were unknown. The patient was treated expectantly and did not die. His recovery, however, was regarded by the surgeons who saw him as very unusual. I personally am strongly in favor of section as soon as it is proved that the ball has entered the abdominal cavity. I believe in cutting down upon the bullet tract to establish the fact that the missile has entered the abdomen, as was done in Dr. Steinbach's case, and then making an incision in the middle line.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD OCTOBER 19, 1894.

Dr. Randolph Winslow presented two cases of GASTROSTOMY for cicatricial stenosis of the pharynx and esophagus. The first case had been shown before the Society in the spring, and it was only exhibited again in order that the members might see the condition of the patient after the lapse of six months. The boy had not only been kept alive but had grown fatter and stronger. He was fed regularly every four hours through the fistula, his diet consisting of milk, eggs, whiskey and cod-liver oil. He was also allowed to swallow as much milk as he was able to, but that was not a large quantity. The fistula had been in every way a success; it had saved him from impending starvation, it did not leak, and the surrounding tissues were entirely healthy.

The second case was of a similar nature to the first, a cicatricial contraction of the gullet from the ingestion of concentrated lye. The patient, a colored boy one year and nine months of age, was brought to the University Hospital, on July 11, 1894. He had been healthy until six weeks before admission, when he swallowed some concentrated lye, the exact amount not having been ascertained. Until eight days before coming to the Hospital, he was able to drink a little milk, but since that time had not swallowed anything. Nutrient enemata were ordered for him and on July 13, Dr. Winslow performed gastrostomy by Frank's method. As he had had no nourishment for ten days, his stomach was opened at once and milk introduced. This was a mistake, as some of the milk got on the wound and infection followed with the formation of a superficial abscess. His temperature, which had run up to 104 as the result of this abscess, fell at once on the removal

of a few stitches and the evacuation of a little pus. The patient had done well, but the fistula did not retain the contents of the stomach as perfectly as in the first case, probably on account of his incessant fretting and crying, which caused prolapse of the mucous membrane of the stomach through the wound. These two boys have been saved from starvation by the performance of gastrostomy, but what is to become of them when they return to their homes? Their parents cannot or will not pay proper attention to them, and they will be likely to perish from neglect. Up to this time it has not been possible to dilate their strictures from above, and Dr. Winslow is contemplating reopening their stomachs and attempting dilatation from below.

Dr. George H. Rohé: I had a case about three years ago: A child had an attack of scarlet fever, after which there was a gradual closing of the esophagus until finally nothing would pass into the stomach. At the Hopkins Hospital an attempt was made to dilate the esophagus without success, and finally gastrostomy was advised. The child's mother objected, and left the hospital. Two weeks later he was brought again to the Maryland Hospital. No fluid would pass nor could any instrument be introduced. I tried electrolosis and for over a year he was thus kept alive, but the contraction again closed, and he died. I found a small opening at the lower end of the esophagus which might have been dilated from below. Electrolosis undoubtedly did good in this case for his physical condition when first seen was very poor, but during the year he had gained 25 pounds. Since the meeting of the Society, at which these cases were exhibited, Dr. Winslow has succeeded in passing a small bougie through the stricture in the second case, and making it protrude through the fistula, to which he tied a silk ligature and drew it upwards into the mouth. He used this as a saw after the manner of Abbe, and succeeded in dividing the stricture sufficiently for a No. 21 esophageal bougie to pass.

Dr. Julius Friedenwald read a paper on the USE OF THE RESORCIN TEST for the detection of free hydrochloric acid in the gastric juice.

Dr. I. R. Trimble read a paper entitled TWO CASES OF HEMATURIA CURED BY OPERATION (NEPHRECTOMY).

H. O. REIK, M. D.,
Secretary.

CORRESPONDENCE.

LICENSE TO PRACTICE.

Editor MARYLAND MEDICAL JOURNAL.

Dear Sir:—I am surprised to find in the current number of your JOURNAL a four column letter from Mr. Archibald Taylor, the counsel of the Board of Medical Examiners of the State of Maryland, the major portion of which is devoted to criticism of my position in the matter of the enforcement of the existing State law in regard to the practice of medicine. This letter of Mr. Taylor's is no doubt intended for an answer to a letter of enquiry I wrote you a fortnight ago in regard to your editorial on "License to Practice." Without wishing to open up a wordy controversy with Mr. Taylor, which I believe will assist to defeat my purpose, viz., the enforcement of the existing medical law, I regret, because I have not yet acted as a private detective in the interest of a good cause, and I happen to be a member of a "learned faculty" which *in the opinion* of Mr. Taylor has not done its full duty in certain directions, that I meet the disapproval of the legal gentleman. But my most grievous sin seems to have been that I, a member of the Legislative Committee on the existing medical law, should be so unjust as to "impute" unjust things of the State Board of Medical Examiners. Now, Mr. Editor, if Mr. Taylor, or any one else, "read between the lines" of my letter that I wish to accuse the Board of Medical Examiners of doing unjust things, they have read it incorrectly. I can bear testimony to the impartiality of that body, and to the industry and activity of its counsel at Annapolis during the past winter, when working in the interest of the present law. As we have *at last* the legal interpretation

of the functions of the Board, and find they are "judicial," the question comes to me, and perhaps to other members of the profession, Who is going to prosecute the law breakers? When the counsel of the Board has informed its members "that there is not a line of any law which imposes on them the duty of prosecuting violations of the law relating to the registration of physicians and surgeons, or to practicing as such illegally," now, Mr. Taylor, or the Board of Medical Examiners, cannot expect individual members of the profession, or the faculties of medical colleges, to take this task upon their shoulders. "What is everybody's business is nobody's business." Mr. Taylor has the reputation of being too astute a lawyer not to be perfectly aware that unless some one, or some committee, takes charge of the matter, making use of the information already obtained, employing detectives, collecting evidence, assist in prosecution, etc., that the medical law is already, or soon will be, a dead letter, and therefore will afford no protection to the citizens and the medical profession of this State. With this belief, I shall at once petition the Executive Committee of the State Faculty to appoint a small committee for this work. We all indulge in the hope that judicial interpretation will place the existing law upon a firm basis, and that no "limb of the law" will have genius enough to find any loophole in it. If defects are found, we of the Legistative Committee must look to our counsel, Mr. Taylor, one of the fathers, indeed, the legal father, of the existing law, as being quite a party of this "most amusing comedietta."

Very truly,
WILMER BRINTON, M. D.

MEDICAL PROGRESS.

FIBROIDS AND LABOR. — Hofmeier (*British Medical Journal*), in a very complete and well-tabulated essay, denies that fibroid disease of the uterus has any direct influence in causing sterility. Statistics do not show that, as has been alleged, subserous myoma predisposes considerably to sterility, whilst polypi and myoma of the cervix have little influence in that direction; nor can it be shown that fibroids promote fertility. These tumors seldom begin to appear till late in sexual life, so that if the patient is barren or a multipara the causes of her sterility or fecundity must have influenced her long before the development of her fibroid. The alleged frequency of this disease in elderly virgins is based on a fallacy. It is the local affection which the most readily drives a spinster to the gynecologist, whilst middle-aged married women trouble less about small and slow-growing abdominal swellings. Women with fibroids who marry late in sexual life are fairly fertile, though Hofmeier can hardly make out cause and effect in this fact. Fibroids by no means strongly predispose to abortion. It seems that this accident happens only when the uterine cavity is rendered unfit to bear through the size and relations of the tumor; nor does fibroid greatly interfere with the uterine contractions during labor. The best time for hysterectomy is not immediately after delivery, but a few weeks or months later.

* * *

APPLIED MICROSCOPY. — Professor Samuel Lockwood of New York has been making a scientific examination of the air of poorly ventilated school rooms and from the fibers of clothing from the mixed assemblage he found absorbed cuticle, dandruff, epithelia from dried sputum, all of which was floating in the air, to be inhaled by teachers, scholars, sick and well alike.

* * *

RAPID DILATATION IN URETHRAL STRICTURE.—Morotti deals with this subject in the *British Medical Journal*. His method is to introduce a filiform guide through the stricture, to which he immediately adds a No. 29 (Bazy=14 Charrière scale) rigid metallic olivary sound, and at the same sitting passes a No. 31. The next day he repeats No. 31, and passes Nos. 34, 35, and 36, if there is much resistance, up to No. 39. This is followed by the usual treatment

by gradual progressive dilatation with metallic instruments. By this combination of methods Morotti got results more satisfactory than his best expectations, so that since he has never had recourse to urethrotomy except for very old or very narrow strictures. The time taken in the rapid dilatation varied from eight to twelve days. The cases most suitable are those due to chronic gonorrheal processes, superficial ulceration, slight traumatic lesions, and those strictures not very old and only moderately resistant.

* * *

Pilocarpine in Rheumatism.—Dr. Drappier of Auvillers-les-Forges calls attention, in the *Universal Medical Journal*, to the fact that, though sodium salicylate may be regarded as a specific in articular rheumatism, it sometimes causes toxic symptoms so grave as to render its use impossible. In one such case, a patient who suffered from two or three attacks of rheumatism yearly, he used hypodermatic injections of pilocarpine, formerly advocated for the disease, using 0.01 gramme ($\frac{1}{6}$ grain), which led to complete recovery within six days.

* * *

Kidney of Pregnancy.—Trantenroth (*British Medical Journal*) finds that in about half the cases of pregnancy in healthy women, primiparæ or otherwise, a trifling amount of albuminuria is to be detected in the second half of pregnancy. In a minority of cases this symptom is not due to renal changes, in the majority it represents a special morbid condition, best termed "the kidney of pregnancy." As a rule this condition involves no symptoms besides changes in the kidney. Eclampsia and edema are rare. The pregnancy kidney never changes into the kidney of any chronic form of nephritis. There is no true nephritis of pregnancy. Albuminuria is the rule during labor, especially in primiparæ, and casts (usually hyaline) are to be found in almost a third of the cases. In the albuminuria of pregnancy casts are much rarer. The albuminuria of labor is most marked during the period of dilation, and disappears rapidly during childbed, except when there is fever; later on towards the second week, albuminuria usually indicates catarrah of the lower part of the urinary tract. The albuminuria of pregnancy and labor does not render chloroform dangerous. Renal disease existing before pregnancy is greatly aggravated by that condition often ending in death of the ovum and abortion, after which the disease abates more or less. The causes of pregnancy kidney are the increase of intra-abdominal pressure, changes in the nutrition of the kidney brought about by the altered condition of the blood and in special cases obstruction of the left ovarian vein which joins the left renal, and compression of the ureter by the fetal head. The last two causes apply to the kidney of labor (*Geburtsniere*), where also septic changes from pieces of fetal appendages play a part. The degree of the changes which make up the kidney of pregnancy depends on the resisting power of that organ in the individual patient.

* * *

Medical Jurisprudence of Alcoholic Inebriety.—T. D. Crothers, M.D. (*International Med. Magazine*, February, 1893—*Journal of Nervous and Mental Diseases*). The number of inebriates coming under legal notice is steadily increasing, and the methods of treatment are practically failures in every sense. The natural tendency of all persons who are damaged by alcohol is to lawlessness and crime. The error of regarding all persons as sane who continually poison themselves with spirits results in an increase of crime. Courts and juries judge of these cases from theory and not facts. Such cases should be examined by a medical commission and their conclusions should be final in the evidence. The medical jurisprudence of inebriety promises more for the solution of the alcoholic question than any other means.

* * *

Favus.—Dor, in the *Lyon Médical*, and quoted in the *International Medical Journal*, reports two cases of favus of the upper eyelid in which presence of the achorian Schönleinii was revealed.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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SEE PUBLISHERS' DEPARTMENT, PAGE 115.

BALTIMORE, NOVEMBER 24, 1894.

Healing Power of Music.

THE statement that the Guild of St. Cecilia in London was trying the effect of music as a healing power shows how history repeats itself and how little there is new under the sun. Ever since David played the harp in the presence of Saul to drive away the evil spirit, the power of music to soothe and to heal has been known. The effect of music on the insane is in most cases quieting. In many insane asylums one special branch of treatment is by the employment of music, either in dancing or in concerts.

The choir of this guild is composed of three voices and three stringed instruments. They played in a ward in which there were a variety of cases, all suffering more or less pain, and all expressed themselves as feeling better and free from pain during the continuance of the music. This was of course partly in the nature of a diversion, taking the mind away from the pain and leading it into new channels, but in no sense effecting a cure. The music for diversion was varied and at times startling, while that intended to produce sleep was of a monotonous character and very gently performed. An example of monotonous music is that of the eastern character so familiar to those who visited the celebrated Midway at the World's Fair.

A hypnotist is said to have put persons to sleep and then tried the effect of various kinds of music bydifferent composers on them, taking the pulse, temperature, etc., and noting the general effects. As would naturally be expected, the music of the future, that of Richard Wagner, seemed to have the most marked influence. Some music may fail to soothe or may irritate. Even David's skillful playing failed at times to have the desired effect, yet he must have been a more than ordinary player to be able to dodge javelins and perform on that difficult instrument, the harp.

The effect of music on children is well known. Lullabies have been sung from the earliest period and have soothed, whether in times of sickness or in health. The poor husband who walks the floor at night, be he ever so unmusical, makes frantic efforts to turn a tune and often succeeds to his delight in quieting by his discordant notes the wailing infant. Animals, especially mice, show a fondness for music. That music may have a place in therapeutics is very evident.

The work of the St. Cecilia Guild may not be scientific and capable of classification, but it certainly is of great help in many instances; as was shown in some cases of melancholia improvement followed and continued the next day. Such attempts at soothing and cheering suffering humanity, though it may be unscientific and unsystematic, should be encouraged in every way as long as benefit follows.

* * *

Woman's Dress.

MEDICAL writers never seem to tire of discussing the effects of modern dress on women, but it is rare to find a woman take up this subject herself. Dr. Martha J. Smith talks about woman's dress in the *Journal of the American Medical Association*, but she does not reveal to the gentle reader what her own style of dress is. Some women lace to please the opposite sex, but the vast majority of women do not lace in the least, but wear the corset as a support to the body because they have been accustomed to wear it and feel the loss without it. With our present views on decency, it would be rather startling to see

some women of great avoirdupois and shapeless mass without a corset. If woman ceases to wear the corset, she should gradually take to some form of support not as severe as the stiff corset, and perhaps with the training of several generations her figure would stand the corsetless appearance.

It is all very well to quote writers who have studied the abdominal and costal breathing in Indian girls who have never worn a corset. Why should not these same men get the statistics on baldheaded Indians and try to convert the men to wearing hats that do not so compress the scalp as to cause loss of hair? When the men so reform that they are no longer baldheaded then the women will be ready to discard the corset.

The Viennese woman laces so tight that it is no uncommon sight in the autopsy room to see a deep constriction in the liver corresponding to the ribs and tight stays and the lower part of the right side of the liver has been found almost entirely cut off from the rest of that organ. The tight shoe is another evil which is not always confined to woman. Still the gentle sex does deform the foot with a misplaced shoe heel, making it almost impossible to walk any distance without severe discomfort. The use of long black veils to show to the world that the wearers have suffered loss by death of some one dear to them is a custom against which every physician should protest. It is not always the deepest sufferer who wears the loudest insignia of mourning.

There is room for certain reforms in dress, but the men, especially those who wear needle-pointed shoes and woolen clothes in midsummer, should not contend that only woman's dress needs reforming.

* * *

Remarkable Cases.

In the present enlightened age it is interesting to witness the exercise of faith in human nature. From the remarkable cases which have been reported from time to time, it is evident that medical men very readily believe what their patients tell them. When physicians undertake to report to medical societies or medical journals cases which are of more than ordinary interest or which depart very widely from the typical, care should be taken that everything be proved by the physician himself and is not taken on the patient's say so. This may appear very cynical and incredulous, but when it is remembered that patients love to have unusual troubles of which the doctor "never saw one like it before," it is well to make haste slowly and not make public such cases until there has been complete mental digestion.

* * *

Cumberland Meetings.

The meetings which were held at Cumberland this past week were a success. The great distance of Cumberland from Baltimore and the eastern part of the State made a large attendance a little doubtful, but the number at each meeting and the interest evinced fully show that the western part of the State was in earnest when they asked that the semi-annual meeting be held in Cumberland. The Tri-State meeting which preceded that of the State Society filled in Tuesday with excellent papers and intelligent discussion. The meetings on Wednesday and Thursday were fairly well attended all through and the banquet held on Tuesday night brought together in social reunion many men who had not met under such circumstances for years.

* * *

Social Purity.

In order that there shall be practical results obtained in social reformation, the co-operation of good citizens and practical business men is imperative. All good people rejoice at the prospect of a change for the better, but the trouble has been that the most moral and religious persons are sometimes the most uncompromising and will accede to nothing but complete surrender, while many a man knows that half a loaf is better than no bread at all, and if, in one year, steps can be taken which look toward social purity, probably in another year greater advances will be made. The handling of the social problem is a very difficult undertaking and no legislation can effect a reform unless there is good common sense behind it.

* * *

Much is being said in England on the hygiene of railways. The subject should be vigorously agitated in this country. The influence of the medical profession, whose power is always recognized in social and sanitary questions, should be brought to bear on this matter of vital public interest.

MEDICAL ITEMS.

Dr. Roux of Paris has been decorated for his researches in the serum treatment of diphtheria.

A new physiological building in connection with the Woman's College of Baltimore was dedicated recently.

Several of the Chicago medical schools have entered into an alliance for the protection of each other's interests.

The Toronto courts have decided that a child with consumption can be legally excluded from the public schools.

A druggist of Detroit has invented a prescription blank so arranged as to avoid the unwarranted repeating of prescriptions.

The New York *Medical Record* incorrectly states that Dr. L. M. Tiffany succeeds the late Dr. A. B. Miles in the Chair of Surgery at Tulane University, New Orleans.

Dr. H. D. Geddings, M. H. S., has begun in Washington the preparation of the antitoxine of diphtheria according to the methods of Roux and Martin. The process will require about three months.

The street railway companies of St. Louis have the eyes examined of all applicants for position of motorman and conductor. This plan might well be copied in all large cities using rapid transit.

At the September examinations for State medical license by the board representing the Medical Society of the State of New York, the number of candidates was seventy-six, of whom fifty-one were successful and twenty-five unsuccessful.

Inspection of vessels arriving at the Cape Charles (Va.) Quarantine Station from November 1 to May 1 will be entirely discontinued, but this Station will be kept in readiness to receive any infected vessel which may be remanded to that Station for disinfection and the treatment of the sick.

The following officers were elected at the annual meeting of the Medical Society of Virginia: President, Robert J. Preston; First Vice-President, Hugh Nelson; Second Vice-President, C. M. Stegleman; Third Vice-President, John Grammer; Recording Secretary, Landon B. Edwards; Corresponding Secretary, J. F. Winn of Richmond; Treasurer, R. T. Stile.

The following passed at the last examination of the Virginia Medical Examining Board: Dr. C. M. Atley, Leesburg, Va., Dr. Lacy Gibson, Staunton, Va., Dr. W. A. Wynhoop, Berryville, Va., graduates of the University of Maryland, and Dr. J. W. Brown, Rochelle, Va., graduate of the College of Physicians and Surgeons of Baltimore.

Several very generous bequests to medical charities have recently been made by physicians. The late Dr. Albert B. Miles, Surgeon of the Charity Hospital of New Orleans, left $10,000 each to the following institutions: Medical Department of Tulane University of Louisiana; Charity Hospital of New Orleans; and the Hôtel Dieu, also of New Orleans. Mr. Gervas Taylor of Ireland left £27,750 ($138,750) to various Dublin hospitals.

Dr. Theodore W. Glocker died at his late residence on McCulloh Street, last week, after a short illness. Dr. Glocker was born in this city and was graduated from the City College in 1858 and from the University in 1860, after which he was appointed resident physician at the University Hospital, then called the Baltimore Infirmary. Dr. Glocker was appointed Assistant Surgeon in the Confederate Army. Since the close of the war he has been engaged in active practice in this city.

At the seventh annual convention of the Southern Surgical and Gynecological Association held at Charleston, S. C., last week, the following officers were elected: President, Dr. L. McLane Tiffany, Baltimore, University of Maryland; Vice-Presidents, Dr. Manning Simons, Charleston, S. C.; Dr. E. S. Lewis, New Orleans, La.; Secretary, Dr. W. E. B. Davis, Birmingham; Treasurer, Dr. Raecard Douglass, Nashville, Tenn. The next meeting will be held on the second Tuesday in November, 1895, in Washington, D. C.

At the last examination of the South Carolina Medical Examining Board, of four applicants from Howard University of Washington, two passed and two failed; from the College of Physicians and Surgeons of Baltimore, one applied and one failed. From the Baltimore Medical College one applied and one passed. Before the Pennsylvania Board, from the College of Physicians of Baltimore, three applied and one failed; from the Baltimore Medical College, eight applied and five failed. The report of the Maryland Examining Board will appear next week.

WASHINGTON NOTES.

Mrs. Pemberton, a volunteer nurse at the Small-pox Hospital, took the disease and died. The other patients have been progressing well.

The Medical Association of the District of Columbia held a meeting on the 13th inst. for the purpose of discussing changes in the by-laws.

The Gynecological and Obstetrical Society held its regular meeting on the 16th inst. Dr. W. M. Sprigg read the paper of the evening, "A Case of Double Vagina and Uterus." The paper was very interesting and was discussed at length. One of the many peculiarities of this case was, that one month she would menstruate from one uterus and the next month from the other.

Dr. W. P. Carr opened the discussion and showed a drawing of a case that had recently come under his observation. The woman had a double uterus but a single vagina. One side was empty, but the other had a dead fetus in it.

The Medical Society of the District of Columbia held its regular meeting on Wednesday night. Dr. S. C. Busey, the President, in the chair.

Dr. H. A. Robbins read a paper entitled "Duo Venira," in which he gave a complete history of syphilis from the discovery of America to the present time. The paper was ably discussed at some length by Dr. J. Ford Thompson and other members present.

Dr. Thompson said that it was his experience to see more chancres than chancroids and that it was unsafe to diagnose chancroids; that often cases that had been thought to be chancroids had developed secondary symptoms of syphilis afterwards. He favored the inunction and hypodermic methods of treatment and large doses should be given in the early stages and gradually the doses could be decreased. He did not believe in the abortive treatment, but that the poison entered the blood in a few hours and that the chancre could be compared with vaccination, merely a local manifestation.

Dr. E. L. Morgan and others continued the discussion, especially as to the date of the origin of the disease.

Dr. J. W. Bovée presented a dermoid cyst, pyosalpinx and double ovarian abscess, removed from a negro woman. The cyst contained 16 ounces of yellow fluid, which in cooling became solid and resembled tallow. It also had a mass of black hair in it.

Dr. Joseph Price of Philadelphia will read a paper before the Society, entitled "The Knowledge and Responsibilities of the General Practitioner in Gynecological Cases."

PUBLIC SERVICE.

CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY AND NAVY, FROM NOVEMBER 13, TO NOVEMBER 19, 1894.

By direction of the Secretary of War, the leave of absence granted First Lieutenant Francis A. Winter, Assistant Surgeon, in Special Order 71, July 25, 1894, Department of Texas, is extended one month.

By direction of the Secretary of War, the leave of absence granted Captain Eugene L. Swift, Assistant Surgeon, in Special Order 147, October 11, 1894, Department of Dakota is extended one month.

Medical Inspector J. M. Flint detached from the United States Ship "Baltimore," home and three months' leave.

Surgeon C. U. Gravall ordered to the United States Ship "Charleston" per steamer, December 4, 1894.

Surgeon J. A. Hawke detatched from the United States Ship "Charleston" and to the United States Ship "Baltimore."

Assistant Surgeon J. S. Hope ordered to the United States Receiving Ship "Franklin."

Assistant Surgeon W. H. Barnum detached from United States Receiving Ship "Franklin" and to the New York Navy Yard.

Past Assistant Surgeon M. F. Gates ordered to the United States Receiving Ship "Richmond."

Medical Inspector G. R. Brush ordered before Retiring Board at New York, November 17, 1894.

Surgeon L. G. Heneberger detached from Marine Rendezvous and continue special duty in New York.

Surgeon J. M. Steele detached from League Island Navy Yard and to Marine Rendezvous, New York.

Passed Assistant Surgeon W. H. Rush detached from Naval Academy and to the League Island Navy Yard.

Passed Assistant Surgeon A. M. D. McCormick ordered to the Naval Academy, Annapolis, Md.

BOOK REVIEWS.

A MANUAL OF MODERN SURGERY, GENERAL AND OPERATIVE. By John Chalmers Da Costa, M. D., Demonstrator of Surgery, Jefferson Medical College, etc. W. B. Saunders, Philadelphia: 1894. Price $2.50.

In many respects this book should prove of value to the medical student; it is clearly written, the general surgery is thoroughly reviewed, and the treatment of the various surgical diseases is given very fully; a thing so often neglected in surgical text-books. There is, however, a noticeable lack of illustrations throughout the book. The reviewer must differ with the author in his statement, page 1781, that in syphilis the tertiary stage is not often reached. In the portion devoted to operative surgery several important points are overlooked; as in describing the treatment for fractures of the lower jaw no mention is made of the dental splint. In fractures of the patella there is no reference to the fibrous tissues which fall in and cover the fractured ends of the bone, and are the main preventives of bony union. In the description of pylorectomy the author does not speak of the immense mortality following such operations. The word "clap," while perfectly correct, should hardly find a place in a text-book. A typographical error, which might give rise to confusion to one looking up references, is the misspelling of Dr. Halsted's name on pages 632 and 646. This work on the whole will prove of greater value to the medical student than to the surgeon.

A MANUAL OF THE PRACTICE OF MEDICINE. By A. A. Stevens, A. M., M. D., Lecturer on Terminology and Instructor in Physical Diagnosis in the University of Pennsylvania. Third Edition, Revised. Illustrated. Philadelphia: W. B. Saunders. 1894. Pp. 501. Price $2.50.

This book has reached its third edition in two years and hence is well known to those for whose use it is intended. Some modifications and changes have been made in the text, but as a whole it is much like the previous edition. In addition to the description of each disease with its diagnosis and prognosis, the treatment is given very clearly and there are numerous prescriptions showing the best combination of drugs in each case. This book forms an excellent reference work.

THE *Southern Medical Review* has been sold to the *Texas Sanitarian*.

CURRENT EDITORIAL COMMENT.

REPEATING BY DRUGGISTS.

Dominion Medical Monthly.

WHEN a doctor gives a patient a prescription, he only sells to the patient the right to use the amount ordered in the prescription. This has been tested in the court and settled. Neither the patient nor the druggist has any legal right to repeat.

VALUE OF HYGIENE.

Philadelphia Polyclinic.

THE most valuable service the profession now renders the community is probably in matters that strictly belong to hygiene rather than medicine. The hygienic treatment of many diseases is the essential portion of the treatment; the strictly medical is often of doubtful and slight value.

SIMPLICITY IN THERAPEUTICS.

New York State Medical Reporter.

THERE is a decided and increasing disposition to avoid complexity in the administration of drugs, and to discard the thousand and one symptom remedies which have been so universally employed during the last few years. It is becoming apparent to the best minds, that upon the proper study of disease remedies our greatest progress and success will depend. It is far better to have a complete and extended knowledge of the few old standard drugs of our fathers and the disposition to confine one's self to them than to have poorly defined ideas regarding the action of everything which is advertised, and an uncontrollable desire to try them all at the first opportunity.

BREVITY.

The Journal.

A FACT stated with simplicity gains in force, while if buried in tropes and figures or in mere words, it has no vigor. Too great attention to ornament destroys the dignity of an article, and is nearly fatal to its authority. One need not reject ornament, but in writing upon scientific subjects ornament must be held subordinate to truth and simplicity. These last are indeed cardinal virtues in the manuscript intended for the medical journals. Let the writer write what he thinks, express what he feels, and record what he observes. Observations of unusual cases are *always* of interest, no matter how they are reported, but even these reports lose none of their interest by being brief.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXII.—No. 7. BALTIMORE, DECEMBER 1, 1894. Whole No. 714

ORIGINAL ARTICLES.

THE ACUTE INFECTIONS.

Read before the Tri-State Medical Society, at Cumberland, Md., Nov. 20, 1894.

By D. Christopher Lange, M. D.,

Professor of the Principles and Practice of Medicine, Western Pennsylvania Medical College, Physician to the Western Pennsylvania Hospital, Ex-President Allegheny County Medical Society, Etc.

The acute infections continue to present new facts and hypotheses regarding etiology, pathology and treatment, equally great in the interest they have always commanded and the very considerable progress made in their study during the last ten years has materially and advantageously influenced their treatment. The infective agents, modes of infection, prevention of infection, liability and immunity, are subjects now based upon undeniable laboratory and clinical conclusions and the consequent mutations treatment, together with a steadily decreasing mortality, are to be credited largely to the knowledge gained of these subjects.

It is indeed true that such studies have not yet taught us how to destroy pathogenic bacteria after they have obtained admission to the body, nor how to antidote or make innocuous the toxines resulting from their existence there. It is true, also, that no means are as yet at our service by which the lesions their presence entails may be prevented, but it is of incalculable advantage to have obtained some conception of how the diseases produced by them depend upon vital, chemical and mechanical processes ; that these diseases consist, not alone of any one primary infection with its results, but embrace added infections and intoxications, and superadded processes and products, and that these mixed infections are a necessity to the production of the lesions and the perversions of functions which chacterize these diseases. The close relationship established between the pathogenic bacteria, since they belong to one family or class, and possess many functions and properties which are identical, gives explanation to the long observed clinical likenesses of these diseases to each other and to the similarity of the lesions and perversions of function they present in common. The diseases caused by the various pathogenic bacteria present as many clinical identities as differences, and this is equally true of their lesions and functional perversions.

The physiology of these hurtful agents is less understood than their anatomy, but is known to vary in different species in many directions. There are those which enact a mechanical role, as when they cause obstruction of a vessel, as happens especially in the lung and kidney. Those which reside in the blood are few, but this is true of the germs of anthrax, of septicemia and of relapsing fever. Others induce traumatic changes, as when they erode and perforate cells, breaking through epithelial barriers and thus, especially in the kidney, deteriorating or destroying these.

In cholera they attack muscular fiber. In acute or chronic mucous membrane inflammations they are found to penetrate epithelial cells in large numbers, as the micrococcus of Neisser inhabits essentially the protoplasm of the pavement cells of the urethra and conjunctiva. Coarse anatomical lesions are also developed by them, amongst which edema, emphysema, hemorrhage, suppuration and gangrene are prominent. Others, for example, the aërobic bacteridium of charbon, which consumes oxygen to the detriment of the red corpuscle, appropriate to themselves as nourishment substances useful or necessary to the organism, the abstraction of which is prejudicial. In addition, pathogenic bacteria produce something injurious to the organism, elaborate substances which are toxic. Among these productions are carbonic acid, hydrogen, sulphuric acid, ammonia and the ammonia compounds, volatile fatty acids, many complex alkaloids, indol, phenol, skatol, etc., which are toxic. Finally, they form soluble ferments antagonistic to living cells, which they break up and destroy in great number. Thus the organism, during the existence of an infectious disease, becomes a receptacle of poisons, by reason of bacterial action. This, however, is not all; the organism becomes also a laboratory of poisons for the reason that bacterial processes interfere with the proper elimination of that other class of poisons, physiological poisons, if I may use the expression; I have reference to those substances resulting from disassimilation readily extruded in health, but retained during diseases. These products produce an additional intoxication due not directly to bacterial activity, but present nevertheless to a greater or lesser extent in bacterial diseases. Therefore in the infectious diseases it is to be appreciated that the organism is a receptacle and a laboratory of poisons.

A most interesting subject not yet clearly understood is that of personal immunity and liability, and in those liable, the remarkable differences in virulency presented by these diseases. It is almost certain that the entrance of the pathogenic bacteria into the organism is not invariably followed by disease. This is true not alone of the subject who has acquired immunity by a previous attack of the disease, the specific germ of which he again receives without consequences, but of the subject also who has not had it and who possesses a natural immunity. Studies in this direction are furthest advanced in the local infection, tuberculosis. It is almost certain everyone receives this germ, it will probably be correct to say, every day; and yet six-sevenths of humanity escape all consequences of its entrance into the body. In other words, six-sevenths of humanity possesses a natural immunity which consists of certain processes employed by the organism as defences against the tubercle bacillus of Koch. These differences also are local; in the stomach this germ is destroyed by a chemical agent, the gastric juice; in the lungs by a mechanical agent, the connective tissue, which encapsules the grey nodule of Bayle and the yellow nodule of Virchow. It is only when these preservative processes do not exist, when these defences are lacking, when this resistance is not made, that the tubercle bacillus inaugurates those processes which, very largely participated in by the pus-forming cocci, result in death of the part or of the body.

These studies have made it clear that death of a part or of the body depends not alone upon the admittance of the tubercle bacillus which in the human family is probably universal, but to an equal extent upon a pre-existing or co-existing predisposition. A natural sequence is that the successful prevention or limitation of tuberculosis must embrace means and measures addressed to both these factors. The predisposition is an inherited, congenital or acquired feebleness of constitution. May tuberculosis not be successfully banished by surrounding the subject with good hygienic conditions, by the perfection of his diet and regimen and by the judicious employment of well-known measures and remedies climatic and medicinal to increase health and vigor? The objections encountered here are the domestic,

social, financial and professional conditions of patients. They are strong obstacles to be overcome, it is true, but they are tangible. If these barriers do not exist, or if they can be removed, one factor, the predisposition, just as necessary as the other, the bacillus, is banished and tuberculosis will not happen.

It is a question of importance and concerns the practitioner as well as State medicine: Will the proportion of deaths from tuberculosis be most largely reduced by establishing immunity by the enforcement of the means or measures indicated, in the individual and in the community, or by attacks upon or attempts to exclude the ever-present bacillus? It is a question upon both sides of which much may be said.

Immunity from the acute infections, however, differs very considerably from the processes which constitute this from tuberculosis. It consists of many and various processes and conditions still almost unknown and certainly most difficult of study and explanation. Certain ascertained biological facts bear upon it. Some bacterial diseases prevail only in animals of a single species. Typhoid fever, cholera and relapsing fever are confined strictly to the human race. On the other hand, man is immune from many infections common among the lower animals and of such diseases which prevail among these, some are limited to a single species. Several species, including man, are susceptible to certain infections, while other animals possess a natural immunity from them. In addition to race immunity, or susceptibility, there exists individual difference in resistance to the action of pathogenic bacteria. In the human family the young are more susceptible to a class of diseases called, for this reason, children's diseases; measles, scarlatina, chicken-pox, roseola, whooping-cough, diphtheria and mumps. Although the germ of each of these diseases has not yet been identified, it is almost certain they are all infectious. Adult life presents a susceptibility to these diseases, if it be fair to allow this at all, very much lessened; and this is so, not by reason of an acquired immunity, this is so not because the majority of adolescents have experienced an attack of these diseases earlier in life, but because of a natural immunity belonging to adult life, just as susceptibility to tuberculosis is decidedly lessened after the fortieth year.

The essential difference between susceptibility and immunity, acquired or natural, is the fact that where the first exists the germ multiplies and invades the tissues or the blood, when by reason of its appropriation of its nutritive supplies, its formation of toxic products and its other deleterious processes, it induces changes incompatible with health or life, while where immunity exists the resources of the organism, its defences are proof against the attack of the germ. And this difference depends upon and is constituted by conditions favorable or unfavorable to the life and multiplication of the germ. Such conditions are many and various, known and unknown, but among those pronouncedly favorable to immunity may be noted certain reactions of the tissue juices, the degree of alkalinity of the blood, certain other characteristics of the blood serum, the development of antitoxines, the growth of a tolerance for the germs and toxines and phagocytosis. It is from the study of these processes and conditions that the explanation of natural and acquired immunity and of susceptibility is to come and from the same source are to be obtained the reasons for the remarkable differences as regards virulency, which the physician so commonly encounters in different individuals. When for instance two individuals of the same age, sex, environment and position in life, with every circumstance and condition of previous health and vigor, as far as we can judge, indentical, take typhoid fever at the same time and from the same source, one of whom remains a walking case and promptly convalesces after the twenty-first day, while the other has from the outset an attack so virulent, so malignant, that it is obvious he can survive but a few days, the explanation must come from the further study of the processes and conditions indicated. Though by no means clear and complete this explana-

tion has been attempted by me as follows: The patient who has the malignant attack has received either a quantity larger or quality more virulent of the specific germ than his neighbor, who convalesces after a slight form of this fever, or he possesses a greater susceptibility to the germ than does his neighbor. This teaching is not compromised by the latest researches. Differences in the virulency of bacteria of the same species are established; differences in susceptibility in different animals of the same species are established; differences in dosage is followed in the laboratory by relative differences in effects.

What seems true of typhoid fever is an all probability true also of the other infections; they depend for their degree of severity, on the one hand, upon the quantity of virulency of the germ received by the patient, or, on the other, upon his individual susceptibility to it.

The lesions produced by these infections, if those due to complications and accidents be excluded, fall into two classes, those common to them all and those characteristic of each. The universal or common lesions consist of congestions and infiltrations of the mucous membrane from the mouth to the rectum and from the larynx to the ultimate bronchiole more or less developed from slight redness to circumscribed ulceration and slough; of fatty changes with enlargement of the liver, spleen and lymph glands, of granular degeneration and atrophy of the muscular system, including the heart, of degenerative changes of the renal epithelium, of softening and edema of the brain, of changes in the blood consisting of decrease of its fibrin forming elements, irregularities and imperfections of form in its corpuscles, the presence in it of a greater than normal proportion of the products of disassimilation and the staining of its plasma with the coloring matter of its red globules. These lessons are common to these diseases and are developed in proportion to the height and duration of temperature elevation. They are probably due directly to temperature elevation and developed in proportion to its height and duration.

In the northern temperate zone they are most marked, if we except certain long-enduring cases of cerebro-spinal fever in typhoid, and may be not demonstrable in the mild and short infections. Of the special lesions the most characteristic are the ileum ulcers of typhoid, the mustard liver of yellow fever, the splenic enlargements of malaria, the diphtheritic membrane which should be distinguished from other croupous and aphthous exudates, the deep and ragged colon ulcers of dysentery and the diverse skin lesions, each characteristic of the eruptive fever it accompanies.

TO BE CONTINUED.

THE ANTITOXINE TREATMENT OF DIPHTHERIA.

READ BEFORE THE COLLEGE OF PHYSICIANS OF PHILADELPHIA, NOVEMBER 9, 1894.

By George A. Muehleck, M. D.,
Philadelphia.

THE employment of pure cultures of pathogenic micro-organisms and their toxic products for purposes of immunization as well as for combating certain infectious diseases is comparatively of recent date. The history of the labors of Pasteur, Koch, Kitasato, and others in this field has become common property for the entire medical world, so that a mention of them here would be superfluous; but their work has opened up new avenues of investigation and research which have already yielded practical results, as it seems, of the most far-reaching consequence, and a promise of still greater achievements in the future. I refer here especially to the work of Behring, Ehrlich, Brieger, Wernecke, Boer, Schuetz, Kitasato, Wasserman, Kossel, and Aronson, and others in Germany, Roux and Yersin in France, and Tizzoni in Italy, as a result of which the doctrine of immunization against certain infectious diseases has been

further elucidated and experimentally confirmed on animals at least. Behring and his co-laborer were the first to show that the blood or milk of animals so immunized has the power when ejected hypodermatically, or into the peritoneal cavity, to immunize other animals or to protect them from the consequences of inoculation of virulent cultures of pathogenic micro-organisms or intoxication by the products of the same species with which the first animal was made refractory. In other words, the milk and blood-serum have developed anti-toxic properties which have the power to neutralize the toxic action of the virulent cultures and their products. This neutralization of the toxic by the anti-toxic principle takes place even outside of the animal economy when mixed in a test-tube in obedience to the laws of proportion (Behring, "Gesammte Abhandlungen uber Desinfection, Immunisirung, Blutserumtherapie"). Animals which have been made ill by the injection of fatal doses of virulent cultures of their filtrates are restored to health if a sufficient quantity of antitoxic serum be injected within a stated time. (Behring, "Blutserumtherapie und die Immunisirungsmethoden zum Zwecke der Gewinnung des Heilserums," 1892.) Of the infectious diseases which have been the subjects of this line of investigation, and in which the results have been most encouraging, tetanus and diphtheria, and, to some extent, streptococcus infection, are pre-eminently to be mentioned. Of these, however, only diphtheria is relevant to this paper; the principles involved are, however, the same in all. Behring's method of securing antitoxic serum of diphtheria for therapeutic purposes is similar to that now generally accepted by all investigators—that is, by injecting hypodermatically into an animal gradually increased doses of attenuated dead cultures of the Klebs-Loeffler bacillus in order to effect a certain degree of basal immunity. Subsequently this basal immunity is intensified by injecting increased quantities of living and virulent cultures.

This method is based upon the fact already established by the investigations of Koch and Kitasato, viz., that specific toxine and antitoxine neutralize each other immediately outside of the living organism when mixed in the test-tube in obedience to the law of proportion. Formerly toxine and antitoxine were injected separately, but owing to variations for absorption exact results could not be obtained. Now they are injected together. For the practical application of the method it is best to use a test-toxine, the immunizing power of which has been tested and which is derived from more mature bouillon culture, to which has been added ½ per cent. of phenol. Of the solution used by Behring and his co-laborers as a test poison, 0.3 c.c. represents the minimum fatal dose of 1000 gr. body-weight; 0.8 c.c. of this solution is injected into an animal weighing 200 to 300 grms., together with the substances to be tested for the antitoxic power in decreasing proportions.

For example, 0.4 c.c., 0.3 c.c., 0.2 c.c., etc. The result can be determined approximately in twenty-four hours, and with accuracy in forty-eight hours, by the presence or absence of local edema; provided that the proportions of the material to be treated for its antitoxic power has been properly measured. The quantity necessary to neutralize 0.8 of this test-toxine will vary according to the amount of antitoxine present. These injections are made *seriatim*, and always give absolutely reliable results. As a final result of their labors these investigators have animals of whose serum 1½ mlgrm., or of whose milk 0.075 mlgrms., are sufficient to neutralize 0.8 c.c. of this normal toxic solution. A serum is said by Behring to represent 1 antitoxine normal if 1.0 c.c.: 100 body-weight is sufficient to neutralize 0.8 c. c. of this normal toxic solution—that is, if 0.8 c.c. of this toxic solution is injected into a medium sized guinea pig (about 500) it will remain well if normal antitoxic serum in the proportion of 1:100 body-weight (about 5 c.c.) had been injected one-quarter hour previously. (Behring, *Gesammte Abhandlungen*, ii., etc., p. 323.) In this manner serum has been obtained representing sixty and more antitoxine normals. (Kossel and

Wasserman, *Deutsche med. Wochenschrift*, 1894, No. 16, "Ueber Gewinnung und Verwendung des Diphtheritschen Heilserums" in Koch's Institute, Berlin.)

Roux, who began his experiments in 1891, uses for purposes of immunization a test poison, 0.1 c.c. of which will kill a guinea pig of 500 grms. in twenty-four to forty-eight hours. His test poison is attenuated with a solution of iodine (liq. de gram.). He gradually increases the dose by diminishing the proportion of iodine. After several weeks it is given pure. In this way very powerful antitoxic serum, with an immunizing power of 1:50,000, is obtained—that is, a guinea pig will resist 0.1 c.c. of recent virulent cultures if serum in proportion of 1 : 50,000 body-weight is injected. (*Annales de l'Institute Pasteur*, No. 9, September, 1894.)

Since the beginning of the year 1894 antitoxic serum has been extensively used in cases of diphtheria in the hospitals of Berlin and Paris. Henoch, Heubner, Koch, Kossel, and others testify to its absolute harmlessness even in doses of 90 c.c. In no instance was any irritation of the kidneys or any unfavorable influence on the general health observed. (Behring, *Gesammte Abhandlungen, Disenfection*, "Desinfection, Immunisirung Blutserumtherapie.") In six Berlin hospitals 220 cases were treated, with 76.4 per cent. of recoveries. Among these were 67 tracheotomies, with 37 recoveries—that is, 51.1 per cent. The beneficial effect of the treatment was most apparent the earlier it was begun. Of 6 treated the first day, all recovered—that is, 100 per cent.; of 66 treated the second day, 64 recovered—that is, 97 per cent.; of 29 treated the third day, 25 recovered—that is, 86 per cent.; of 39 treated on the fourth day, 30 recovered—that is, 77 per cent.; and of 23 treated on the fifth day, thirteen recovered—that is, 56 per cent. (*Deutsche med. Wochenschrift*, 1894, Nos. 22, 23 and 24, 1894; *Berlin klin. Wochenschrift*, 1894, No. 29.)

Roux, in Paris, reports a mortality of 24 per cent. in the Maternité, while the mortality in the hospital of Trousseau, where no serum was used, was 60 per cent. during the same epidemic. Owing to the fact that the quantity of serum available in this country has hitherto been very limited, a report of the following four cases treated by this method may be of interest.

CASE I.—H. C., five years old, male, was taken ill on October 18.

Status presens. Mucous membrane over tonsils and posterior pharynx red and congested; small spots visible over tonsils; breathing somewhat labored; cervical glands swollen; pulse, 108—strong and regular; temperature, $100\frac{4}{5}°$; respiration, 24.

October 19, A. M. General condition about the same; membranes have extended; breathing more difficult; temperature, $100\frac{2}{5}°$; pulse, 108; respiration, 24. At 8.30 P. M. injection of 1 c.c. of antitoxine—Schering—near scapula.

20th, A. M. General condition much improved; temperature, 99°; respiration, 24; breathing very much easier. P. M. Condition not so favorable; breathing very difficult; retraction of epigastrium and supra-clavicular spaces during respiration; face somewhat cyanosed; pulse 130, respiration, 24; temperature, 100°. Intubation or tracheotomy seems indicated. At 8.30, second injection of 1 c.c. of antitoxine—Schering—near scapula.

21st, A. M. Breathing much easier; temperature, 99°; pulse, 100; respiration, 20; general condition much improved. P. M. Heart weak, somewhat irregular; temperature, $99\frac{2}{5}°$; pulse, 100; respiration, 20.

22d, A. M. Heart somewhat stronger. Examination of urine shows traces of albumen, specific gravity, 1020; no casts. Membranes present a dirty pultaceous appearance, and can be easily removed with a probe. P. M. Pulse regular, 78; temperature, $99\frac{2}{5}°$; breathing easy.

23d, A. M. *Status idem.* P. M. Temperature, $99\frac{2}{5}°$; respiration normal. Membranes have disappeared; urine negative. From this day on convalescence was uninterrupted. The temperature gradually fell, and was normal on the seventh day.

CASE II.—M. D., six years of age, was seen by me October 3. Extensive

membrane on tonsil and soft palate. Temperature, 102°; respiration, 22; extensive tumefaction of glands, no involvement of the larynx.

October 4. Membranes have extended over post-paryngeal wall. Pulse 110; temperature 102½°; general condition depressed.

5th. Status idem. No antitoxine being available the treatment followed the ordinary rules of practice.

To report this case in extenso would therefore be of no interest. The general condition of the patient remained bad until his death, which took place suddenly on the twelfth day of his illness. No antitoxine had been used in this case.

Case III.—Mary D., eleven months old, was taken ill on the 26th of October with diphtheria. No antitoxine available, death on the 24th.

Case IV.—John D., five years old, taken ill on October 27. Membrane begins to form over tonsil and soft palate; pulse 108; respiration normal, no involvement of the larynx.

October 28, A. M. Injection of 1⅓ c.c. of antitoxine (Schering) near scapula; pulse, 108, regular; temperature 102°; respiration normal. Extensive membranes over tonsils and soft palate, general condition depressed, urine negative. P. M. Temperature 99⅗°; pulse 108; membranes have not extended, general condition better.

29th, A. M. Temperature 99⅗°; pulse 108; membranes have a pultaceous, fatty appearance, and can be partly removed with probe; general condition good. Inoculated culture tubes and sent them to Dr. Ravenel, of the Hygienic Institute of the University of Pennsylvania, for examination. P. M. Temperature 101°; pulse 150; general condition less favorable, membranes presented a dirty yellow appearance.

30th, A. M. Pulse 102; heart weak; temperature 100⅘°; general condition fair. Dr. Ravenel reports vigorous growth of Klebs-Loeffler bacilli. P. M. Temperature 99⅖°; pulse 106, irregular; membranes coming away, general condition good.

31st, A. M. Temperature 99° ; pulse 102, regular ; throat almost clean, with exception of patch over right tonsils. P. M. Temperature 99⅖° ; pulse 98, stronger.

November 1, A. M. Temperature 99⅖; pulse 98, and normal. Urine negative. P. M. Temperature normal ; pulse 96, strong ; throat clean, with the exception of a small spot on right tonsil.

From this day on convalescence was interrupted only by a slight rise of temperature on the evenings of November 2 and 3. Culture tubes inoculated on November 6 and submitted to Dr. Ravenel for examination still show growths of Klebs-Loeffler bacilli.

Case V.—Willie D., aged four years, was taken ill on the morning of October 28 ; temperature 101⅘° ; pulse 106 ; pultaceous spots on tonsils, cervical glands enlarged. Injection of 1 c.c. of antitoxine (Schering) near scapula. P. M. Pulse 110 ; temperature 101°. Pseudo-membrane has extended somewhat ; larynx not involved ; general condition fair.

October 29. Temperature has fallen to 99° ; pulse 108 ; no extension of exudation in throat ; general condition good ; culture tubes inoculated and submitted to Dr. Ravenel for examination. P. M. Temperature normal ; pulse 146 ; heart weak ; general condition not so good ; no extension of membranes ; urine contains traces of albumen and excessive phosphates.

30th, A. M. Temperature 101⅕° ; pulse 116 ; heart weak and irregular ; membranes have not extended, of a dirty-yellow appearance, can be removed with probe. Dr. Ravenel reports vigorous growth of Klebs-Loeffler bacilli. P. M. Temperature 100° ; pulse 116, weak ; general condition fair.

31st, A. M. Temperature 99⅕ ; pulse 120, irregular ; heart weak ; membranes disappearing ; urine contains traces of albumen. P. M. Temperature normal ; pulse 102 ; heart still weak.

November 1, A. M. Temperature normal ; heart weak ; general condition fair. P. M. Temperature normal ; pulse 118 ; heart weak.

2d, A. M. Temperature 99° ; pulse 102 ; heart stronger ; general condition good ; throat clean ; urine negative.

From this day on convalescence was interrupted by a slight rise of temperature, reaching 99°. Culture tubes inoculated from throat on November 5 and examined by Dr. Ravenel were negative.

Case VI.—The fifth child of this family, a little girl two years of age, remained apparently well. Her throat, however, showed a slight diffused redness. In this family of five children, who had freely commingled with each other even after the appearance of symptoms in the others, the probability amounted to almost a certainty that this little girl would not escape infection. The following effort at immunization was therefore made: ½ c.c. of Schering's antitoxine was injected on October 28, her temperature at that time being 99°. On October 30 a second injection of 0.8 c.c. of Behring's antitoxine was made. Subsequently the congestion in the throat cleared up and the child remained well. Dr. Ravenel examined a culture from her throat on November 6 and found Klebs-Loeffler bacilli. It is important to add that the mother of these children, who has constantly been in attendance upon them, is at present writing suffering from the same disease.

I have ventured to report these few cases for the consideration of my colleagues, being well aware that their number is too small to permit of any definite conclusion as to the value of serum-therapy of diphtheria, all the cases moreover having been treated, in addition to the serum-therapy, according to the generally accepted rules of practice. Nevertheless, the cases here presented showed some features so striking that they appeared to be of interest. After each injection a rapid fall of temperature was noted, as you will see by the charts. This reduction, however, only lasted twenty-four hours, but when it would rise again, it was never to its original degreee. In Case I, where two injections were made, the same phenomena was observed after each. At the same time a marked amelioration in the difficulty of breathing was noted. The heart was much less favorably influenced, being often irregular and weak. Nevertheless, I feel that if a sufficient quantity of serum had been at my disposal, and repeated injections could have been made, the toxine still remaining in the circulation might have been more effectually neutralized and its depressing effects on the heart avoided. The behavior of the membrane was peculiar, inasmuch as they did not seem to thrive ; they failed to spread, and in from twenty-four to forty-eight hours after the injection they assumed a fatty, pultaceous appearance, and in each instance disappeared within a week. The cases as a whole run a milder course. I do not think that the cases could be called mild ones, since the two children who had not been treated by antitoxine serum died. The continued presence of probably virulent Klebs-Loeffler bacilli in the throats of two of the other children would, I think, indicate that antitoxine serum does not kill the micro-organisms themselves, but merely neutralizes their poisonous products, and that consequently isolation and proper disinfection of the throat is indicated as heretofore.

In conclusion, I desire to say, that I feel very much indebted to Dr. Ravenel for his painstaking bacteriological examinations of my cases. I also desire to thank my friends, Drs. A. Klein and P. A. Trau for their kind assistance in watching and keeping records of the cases.

My thanks are also due to Messrs. T. C. Laubach and L. B. Phillips, druggist of this city, who procured the serum for me. The latter gentleman being the first, I believe, who secured Behring's antitoxine in Philadelphia.

Neuralgia from the Teeth.—It is well known that lesions of the teeth may cause trigeminal neuralgia. This may come from caries, stumps or roots which irritate the root nerves, or the dental pulp may be affected. Therefore in every case of neuralgia the teeth should be carefully examined and drilled into if necessary. The dentist often cures when the physician cannot.

SOCIETY REPORTS.

TRI-STATE MEDICAL ASSOCIATION.

MEETING HELD AT CUMBERLAND, MD., NOV. 20, 1894.

The Tri-State Medical Association convened in the council chamber of the City Hall, Cumberland, Md., Nov. 20, 1894, at 1.30 P. M., Dr. S. S. Good, President, in the chair.

Hon. R. T. Semmes, city attorney, was introduced and delivered the address of welcome.

Dr. C. S. Hoffman of Keyser, W. Va., responded on behalf of the Association in a fitting manner. Both gentlemen were generously applauded.

Prof. J. Chris. Lange of Pittsburgh, Pa., after being introduced by Dr. Good read a paper on THE ACUTE INFECTIONS (See page 115.) After the reading of his paper he was tendered a vote of thanks, and elected an honorary member of the Association. Discussion of the paper followed.

Dr. Gump said the members should ask questions and enter heartily into the discussion. He differed from Prof. Lange in thinking bichloride of mercury useful in scarlet fever and gave an account of several cases in which he had used it successfully. Prof. Lange said if we could give enough bichloride of mercury in typhoid and scarlet fever and diphtheria we could control these diseases, but the system would not tolerate a large enough dose. We should remember that the animal cell is killed as well as the disease germs by the use of bichloride.

Dr. W. J. Craigen, Cumberland, spoke of the cathartic treatment of typhoid fever, recommending that from four to six evacuations be had per day, for the purpose of ridding the alimentary canal of the bacilli. He advocated the use of nitro-muriatic acid to render the canal alkaline.

Dr. C. S. Hoffman, Keyser, W. Va., said Brand's treatment was regarded as the best in typhoid fever. He also reported cases of persons who shortly after being exposed to the typhoid poison were found to have the germs in their mouths.

Dr. A. B. Price, Frostburg, Md., advocated the use of calomel fumigations in diphtheria, and reported several successful cases of croup cured by this treatment.

Dr. A. Enfield, Bedford, Pa., spoke of the tubercle bacilli entering the system by means of the skin. Prof. Lange thought this theory correct, especially proven in joint tuberculosis.

Dr. Wm. J. Craigen of Cumberland read a paper, subject ELECTRICITY IN GYNECOLOGY. Although brief it was listened to with marked attention, and provoked considerable discussion.

Dr. A. Enfield said he had been able to verify a good deal advanced by electrical therapeutics. He believes the human body capable of withstanding a great volume of electricity when the skin is protected. In painful menstruation he had found it of much benefit, and regarded it as by far the best treatment in stricture. A number of cases of stricture had been successfully treated in this way. It is also a great germicidal agent, and can be used in fungous growths of the mouth. Fibroid tumors he found it to benefit, but not entirely cure.

Dr. F. F. Greenwell, Cumberland, read a most excellent and carefully prepared paper on THE THYROID GLAND AND ITS DISEASES. He went deeply into the subject and treated it from every standpoint. It elicited considerable discussion from the members.

Dr. Boucher, Barton, Md., spoke of an operation done upon himself by Dr. Keen of Philadelphia. The capsule of the tumor was removed from the gland and the gland allowed to remain. He now suffers frequently with sore throat.

Dr. A. C. Harrison, Myerdale, Pa., spoke of experiments upon animals he had seen. When the gland was removed in its entirety the animal died.

Dr. Hoffman suggested the use of the gland instead of the extracts, the glands being more readily returned.

The following physicians were elected to membership: Drs. W. A. Garman, J. S. Garman, Henry Garey, Berlin, Pa.; T. W. Moore, Everett, Pa.; C. R. Foutche, Barton, Md.; J. B. Shupe,

Westernport, Md.; and W. A. Shuey, Piedmont, W. Va.

The Association then adjourned for the afternoon.

At 7.30 the Association reconvened with Dr. S. S. Good in the chair, and about fifty members present. It was decided to hold the next meeting in Cumberland, June or July, 1895, at which time the President will deliver his address and the officers will be elected. Dr. Gerhard of Markleton, Pa., who was present, upon being called for spoke of his sanitarium at that place for the reception of convalescents and others desiring a pleasant resort. Prof. E. E. Montgomery of Philadelphia, Pa., was introduced to the Association and read his paper, entitled TREATMENT OF PELVIC INFLAMMATIONS.

He was elected an honorary member of the Association, and given a vote of thanks for his courtesy in coming and delivering his paper before the Association.

Prof. Montgomery in answer to some questions said he regarded want of proper drainage, gonorrhea and sepsis following parturition the chief causes of inflammation of the organs of the pelvis. Peroxide of hydrogen was a good cleaning agent but not a perfect germicide. He recommended washing out cavity of uterus with solution of sulphurous acid 1 to 20 per cent. or solution of carbonate of soda or potash. He thought every portion of diseased organisms should be removed, but no organ should be removed unless diseased.

Prof. Louis McLane Tiffany was introduced by the President and delivered an address on NEPHROTOMY AND NEPHROLITHOTOMY. The work upon the kidney as presented by Prof. Tiffany was practical observation in his own cases. He said cutting into the kidney was done for stone and pus and in cases of severe and persistent pain of the organ. He regarded pyelitis as an ascending disease. The bacteriology of the disease has not been written yet. Pyelonephritis is sometimes neutral, sometimes bilateral. One kidney may be destroyed and life may be carried on with comfort. The urine should be measured every 24 hours. Pyelitis affecting both kidneys he said was usually fatal, and was not relieved by operation. Pain is sometimes in the kidney, and often reflected, while persistent cutting into the kidney frequently gives permanent relief. He did not regard the removal of stone from the kidney as a dangerous operation. Several cases were cited and stones exhibited which he had removed. In making diagnosis in females the ureter may be catheterized ; this is not yet possible in the male. He relies on the endoscope and external manipulation. Suppurating kidney is tender on pressure. The incision is made behind the quadrator lumborum muscle; avoid cutting too far forward; find kidney with finger. Dress wound with gauze, leaving it open. In making diagnosis of stone, malaria is to be considered. Hematuria in malarial countries is not due to stone in the kidney.

Prof. Tiffany was elected an honorary member of the Association after the completion of his address.

In speaking of the examination of the urine in his railway cases he said it was always albuminuric. In answer to a question of Dr. Gump, he said the albumen passed away in a few days.

Prof. Montgomery spoke of the importance of examining the urine in all surgical cases, especially with regard to the amount of urea present. He declined to operate recently in case of a woman who passed twenty ounces of urine when the amount of urea was $\frac{7}{10}$ of one per cent. and treatment did not succeed in increasing the amount.

Dr. Good, the President, made a few timely remarks in closing, and at 10.15 P. M. the Association adjourned.

The following were appointed to read papers at the next meeting : Drs. E. Ashton, Philadelphia ; J. H. Read, Mansfield, Ohio ; O. P. Lantz, Alaska, Pa.; J. Lee McComas, Oakland, Md.

The following were present :

Drs. W. Q. Skilling, J. O. Bullock, M. G. Porter, Lonaconing, Md.; J. B. Miller, J. B. Shupe, Westernport, Md.; W. A. Shuey, Piedmont, W. Va.; S. A. Boucher, C. R. Foutche, Barton, Md.; W. P. S. Henry, T. W. Moore, Everett, Pa.; A. B. Price, Frostburg, Md.; W.

A. Garman, J. S. Garman, Henry Garey, Berlin, Pa.; R. L. Randolph, L. McLane Tiffany, Baltimore, Md.; E. E. Montgomery, Philadelphia, Pa.; J. Chris. Lange, Pittsburg, Pa.; A. P. Twigg, Flintstone, Md.; Wright, Bedford, Pa.; Berkley, Frostburg, Md.; M. U. Gerhard, Markleton, Pa.; Geldner, Rockwood, Pa.; G. H. Carpenter, J. A. Twigg, E. T. Duke, W. W. Wiley, Wm. H. McCormick, F. W. Fochtman, H. W. Hodgson, W. J. Craigen, F. F. Greenwell, J. F. Zacharias, J. M. Spear, H. B. Miller, J. J. Wilson, A. C. Porter, W. F. Twigg, Cumberland, Md.; W. H. Meyer, S. S. Good, A. C. Harrison, Myerdale, Pa.; C. S. Hoffman, Keyser, W. Va.; A. G. Smith, J. R. White, Ocean, Md.; C. F. Doyle, Centreville, Pa.; S. H. Gump, A. Enfield, Bedford, Pa.; K. Taylor, W. Va.; Percival Lantz, Alaska, Va.

SUMMARY OF THE EXAMINATION HELD BY THE BOARD OF MEDICAL EXAMINERS OF MARYLAND, OCTOBER, 1894.

No.	Graduate of	Obstetrics.	Gynecology.	Pathology.	Anatomy.	Physiology.	Practice of Medicine	Hygiene.	Chemistry.	Medical Jurisprudence.	Surgery.	Materia Medica.	Therapeutics.	Total.	Average.
1	Univ. of Penna.	63	88	75	50	13	85	75	35	75	90	88	90	807	67
2	Univ. of California.	88	76	60	79	92	72	56	75	80	80	88	90	856	77
3	Univ. of New York.	100	93	95	98	75	86	80	60	80	95	94	86	1042	87
4	Jefferson Med. Col.	61	80	50	23	0	75	74	30	20	60	74	48	595	50
5	Baltimore Univ.	29	25	12	53	0	7	10	20	20	55	80	70	381	32
6	Harvard Med. School	100	100	85	94	76	83	85	75	90	93	84	80	1045	87
7	Univ. of Louisville.	45	10	0	37	22	38	38	20	10	65	68	70	403	34
8	Univ. of Penna.	65	74	23	—	—	62	70	50	75	85	76	78	658	66
9	Jefferson Med. Col.	77	85	56	45	16	75	63	25	60	75	78	70	725	60
10	Howard University.	73	46	35	58	38	40	36	35	25	50	68	75	579	48
11	Baltimore Univ.	97	75	70	82	81	77	72	75	75	70	88	75	937	78
12	Med. Col. of Alabama	100	100	90	90	75	88	75	80	80	90	90	78	1036	86
13	University of Md.	93	82	78	96	55	79	79	75	80	80	80	84	955	80
14	University of Va.	100	100	90	100	84	93	96	100	100	90	92	95	1140	95

A general average of 75 being required, it will be seen from the above table that of fourteen applicants, seven were unsuccessful.

ANATOMY.

1. Describe the occipital bone.
2. Give the form and boundaries of the thorax and name the important structures contained in this cavity.
3. Describe the ankle joint.
4. Give the points upon the exterior of the thorax corresponding to space occupied by the heart.
5. Describe the collateral circulation after ligature of the common carotid artery.
6. Give the names of each pair of cranial nerves in the order of Gray's classification.
7. Describe the uterus, its relations and its appendages.
8. Describe the false pelvis and the true pelvis, and give the average diameters of the latter in the female.

PHYSIOLOGY.

1. How many groups of food are necessary for the maintenance of health in man, and what substances make up these groups?
2. Into how many classes are the proximate principles, as they exist in the human body, divided? Give three examples of each class.

3. What are the functions of the three coats of the arteries?

4. Give briefly the composition of living blood and tell what changes take place in the process of coagulation.

5. Why does not the stomach digest itself?

6. What is the difference of function in the white and gray matter of the spinal cord?

7. What special centers exist in the medulla oblongata?

CHEMISTRY.

1. What is meant by destructive distillation?

2. What are the chief products of the destructive distillation of coal?

3. What are the properties of carbon dioxide? How is it made?

4. Give a general account of phenol, cellulose and of lactic acid.

5. How is chloroform obtained and what are its properties?

6. Describe the action of sulphuretted hydrogen upon solutions of (1) lead, (2) copper, (3) arsenic and (4) antimony.

7. What are meant by the terms "atom" and "molecule" respectively?

8. What are the properties of urea and how is it prepared?

MEDICAL JURISPRUDENCE.

1. What normal changes occur in the circulation after birth?

2. What are the signs of recent delivery in the living?

3. What are the general features of suicidal wounds of the throat?

4. What are the symptoms of compression of the brain?

5. Contrast incised wounds (a) in the living and (b) in the dead.

6. What are the symptoms of aconite poisoning?

MATERIA MEDICA.

1. Name four preparations of zinc. Give the doses of those used internally and their therapeutic indications.

2. What are the uses in medicine of nitrate of silver?

3. What is Lugol's solution? Give its component parts.

4. How is sulphuric ether obtained?

5. Name the three most important alkaloids derived from opium. Give the dose of each and its mode of administration.

6. Name two cardiac depressants and two cardiac stimulants, and give a brief description of each.

7. What are sialagogues? Name three drugs of this class and also three anti-sialics.

8. What are the alkaloids derived from nux vomica? Give a brief account of each.

THERAPEUTICS.

1. What is meant by a depressor motor? Give two examples with mode of action of each.

2. What is the physiological and therapeutic action of aconite?

3. Write recipe to contain iron, strychnine, arsenic and phosphoric acid in water.

4. In poisoning by arsenious acid, what would be the prominent symptoms? What antidote would you use and in what manner would it act?

5. How do the bromides act as hypnotics? Describe the condition known as bromism.

6. Describe the effect of caffein upon the heart and kidneys.

7. What is the physiological action of belladonna? Describe the condition caused by an overdose.

PRACTICE OF MEDICINE.

1. Without abbreviation, write a prescription for each of the following diseases, viz.: (a) chronic bronchitis; (b) cholera morbus; (c) acute rheumatism; and (d) eczema capitis.

2. Give the cause, symptoms and treatment of herpes zoster.

3. Give the diagnosis, symptoms and treatment of uremic coma.

4. Give the treatment of pulmonary hemorrhage, of hematuria, and of hematemesis.

5. Give the etiology, symptoms and treatment of chlorosis.

6. Describe the operation of vaccination and the successive phenomena, or stages, of a true vaccinia.

7. Define neurasthenia and give etiology, symptoms and diagnosis of same.

8. What is diphtheria? What are the course and symptoms of the disease? From what should it be diagnosed?

HYGIENE.

1. What measures should be taken to limit and prevent the spread of infectious diseases?

2. What is meant by ventilation? What precautions should be observed to insure a proper supply of pure air?

3. What diseases are liable to be transmitted by the excreta? State how they may be prevented.

4. State the period of incubation of smallpox; of cholera; of yellow fever. State the time necessary to quarantine against each.

5. How would you secure isolation in a case of scarlet fever, and how long should it be maintained?

6. Describe a practical method for the disinfection of clothing and bedding.

OBSTETRICS.

1. What is meant by internal rotation of the head?

2. Describe Credé's method of expelling the placenta.

3. Name and describe the sutures of the fetal head.

4. Briefly describe your management of a breech presentation.

5. State your treatment of post-partum hemorrhage.
6. What are the indications for the use of the tampon?
7. What is ballottement?
8. In introducing and applying the forceps, what special care should you observe?

GYNECOLOGY.

1. What is chlorosis?
2. Name the varieties of "pelvic hematocele" and most frequent location.
3. What are the physical signs of cancer of the body of the uterus?
4. Describe a retroversion of the uterus.
5. What is meant by "pudendal hematocele?"
6. How would you treat this condition?

SURGERY.

1. Give the differential diagnosis between varicocele, hernia and hydrocele.
2. Describe the operation for a strangulated and irreducible inguinal hernia. Give a mode for the radical treatment of hydrocele.
3. Give the signs and symptoms of peritonitis.
4. Give the differential diagnosis between fracture and dislocation.
5. Give the differential diagnosis between aneurism and abscess.
6. Give the landmarks for finding the vermiform appendix.
7. Give the treatment of palmar abscess.
8. Describe the operation of tracheotomy.

PATHOLOGY.

1. How are tubercles divided? Describe naked-eye appearances and give principal seats of same.
2. What are the most important pathological changes in diphtheria?
3. What is understood by the term necrosis? State causes of same.
4. Describe the morbid changes in erysipelas.
5. Describe the morbid changes in acute pleuritis.
6. Give the pathological characters of scirrhus and state when this form of cancer is most commonly found.

BOARD OF MEDICAL EXAMINERS OF MARYLAND.

The following table gives briefly the result of the four examinations held by the Board since its organization in June, 1892, to November, 1894.

School of Medicine from which Applicants Graduated.	Number of Applicants.	Number of Licenses issued on First Examination.	Failed 1st Examination.	Applicants for 2d Examination.	Licenses issued after 2d Examination.
University of Maryland.	53	49	4	.....	.....
College of Physicians and Surgeons of Baltimore.	31	26	5	.....	.....
Baltimore Medical College.	15	11	4	2	2
University of Pennsylvania.	5	3	2	.....	.....
Baltimore University School of Medicine.	9	2	7	1	1
Woman's Medical College of Baltimore.	2	2	.....	.....	.....
Georgetown Medical College, Washington.	1	1	.....	.....	.....
Medical College of Alabama.	1	1	.....	.....	.....
Howard University, Washington.	3	0	3	.....	.....
University of the City of New York.	2	2	.....	.....	.....
College of Physicians and Surgeons of New York.	1	1	.....	.....	.....
College Phys'ns and Surg'ns, N. Y. & Balto. Univ.	1	1	.....	.....	.....
University of California.	1	1	.....	.....	.....
University of Virginia.	1	1	.....	.....	.....
Jefferson Medical College.	2	0	2	.....	.....
Harvard Medical School.	1	1	.....	.....	.....
University of Louisville.	1	0	1	.....	.....
Total,	130	102	28	3	3

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

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SEE PUBLISHERS' DEPARTMENT, PAGE 133.

BALTIMORE, DECEMBER 1, 1894.

Treatment of Tuberculosis.

No specific has as yet been found for tuberculosis, although probably more work has been done on the pathology of this disease than on diphtheria. The bacteriology seems to point us clearly to the diagnosis and treatment. There are many diseases which do not cause as great a mortality as tuberculosis and yet our familiarity with the latter disease makes us comparatively indifferent to its ravages.

Dr. C. T. Williams, in the London *Lancet*, shows how hopeless are endeavors to cure pulmonary consumption by a drug treatment alone and points out the true value of an equable climate, plenty of sunshine, out-door life, suitable and properly selected food, together with competently directed exercise, comfortable clothing and in some cases slight occupation, all backed up by common sense. At the sanitariums, both in this country and across the ocean, the value of out-door life more than anything else is impressed on the patient and it is no uncommon sight at these institutions to see the patients out-doors, reclining in easy chairs in freezing weather when the snow is falling; the fresh, dry, cool air having the power to stop the cough and excessive expectoration. Very occasionally drugs have to be used and in properly selected cases the once discarded pneumatic cabinet affords great relief and helps an inactive lung on to recovery.

The great difficulty in driving tuberculosis out of the system is that the soil still remains fertile and fresh infection may take place at any time. For this reason the sanitarium gives such good results because it builds up the strength and thus cultivates a resistant power, changing the tissues from a state of disease to one of health and thus affording the bacilli a poor soil on which to grow. In many cases cure is only obtained at the expense of change of residence, for many of these so-called "lungers" remain in health only in these salubrious regions and speedily fall back into their old condition if they return to their old haunts in the crowded low cities and unventilated business houses and counting-rooms.

The systematic treatment of consumption is a duty which should devolve on each State or city and where favorable climate cannot be found the diet treatment with an out-door life will effect wonderful changes and cures even at places not far above sea level.

* * *

Crime and Defective Vision.

PHYSICIANS are necessarily sociologists to some extent and their observations intelligently made among the poor are of great value in solving some of the many problems in helping the dependent classes. Dr. Frank Van Fleet of New York now brings forth in the *American Medico-Surgical Bulletin* the startling statement that defective vision is at the bottom of much of the crime of the present day. He divides the causes of crimes into two classes, the moral and the physical. He notes, as many others have noted before him, that the proportion of crime and criminals to the population is increasing. He agrees with many who say that education and enlightenment not only increase crime, but cause it. The increase, however, is not among those who possess this education, but among those who lack it and have to compete with the educated. His idea is that physical defects of any kind, and especially defective vision, put

a man on an unequal plane with those who have not these defects and consequently the knowledge of these defects together with the inability to compete with those without marked defects and with education, produces a condition of despair and leads to dissatisfaction and crime. Disregarding the doctrines of Weissmann, the author looks to environment as a principal factor in causing crime and ignores heredity, which no one should ignore. His conclusions are as follows :

It is very probable that the human race has altered very little, if at all, since the beginning. There is nothing but theory, and that very far-fetched, to prove the opposite. At any rate, there has been no change since the earliest time known to history. The surroundings, however, are very different. From being creatures of purely physical development we have become creatures in whom intellect predominates. Our anatomy has not kept pace with the physiological requirements. Spectacles are not evidence of growing physical weakness, but rather of increased intellectual growth. Our eyes are merely the principal avenues through which intellectual food is acquired. If all individuals were alike and all eyes imperfect, the conditions would be more nearly equal. It happens that very many eyes are as perfect as it is possible for eyes to be, and they confer on their possessors an immense advantage. Man always takes advantage of his weaker brother, who is obliged to resort to other measures in self-defense ; if the measures he employs are legal, well and good ; if they are illegal, he becomes a criminal. Crime has many causes, many features. Defective vision may not be in itself alone sufficient to make a man a criminal, but its influence is great and deserves careful consideration.

* * *

Early Signs of Pregnancy.

It has long been taught that the diagnosis of pregnancy in the first three months is very difficult or even impossible. This Dr. Charles P. Noble contradicts in the *Philadelphia Polyclinic.* In his experience, careful abdominal palpation will make it out as early as the sixth week or at any time between the sixth and twelfth weeks. This sign, he says, has never failed him in his dispensary work, but almost all of these cases came in to see if pregnancy existed and as they were illegitimately pregnant it was possibly rather an easy guess. The shape of the virgin uterus is pyriform, while a uterus in which there is an ovum but a few weeks old will have grown sufficiently to cause the body and fundus of the uterus to assume a spheroidal shape.

The conditions which he found to simulate pregnancy were hematometra, which is very rare and usually occurs at the time of puberty; and intramural fibroid tumors, which, on account of the asymmetrical shape given to the uterus, may be left out of the question. When pregnancy occurs in a uterus where there is already a fibroid or if the uterus be jammed between tumors of the ovary then the diagnosis is very difficult, and when the patient is very stout palpation is not easy. Still, in general, he thinks a pregnancy can be told with certainty in the first twelve weeks and he emphatically makes this statement in view of his large experience.

* * *

The Oyster and Typhoid Fever.

Many foods and drinks have been accused at various times of harboring the germs of typhoid fever and giving them up to unsuspecting man; and now, last of all, the succulent bivalve, the oyster, the pride of Maryland, and one of the most important edibles in this gastronomic center, has been accused in other States of giving typhoid fever to those who like the oyster even when transplanted. Many an innocent one has suffered for the guilt of others and here good, fresh, harmless oysters have been taken from their native salt waters and transplanted into fresh, tainted and contaminated rivers, with the result that disease and perhaps death have been brought.

Most germs flourish very badly or not at all in salt or brackish water, and it is only when the oyster is taken from its home and carried to other parts or when it has been too long out of the salt water that it becomes an object of danger. In fact it is like almost every other food in that it is best enjoyed in its native place. The moral of this wholesale poisoning should be a lesson to consumers of oysters to see to it that what they use is obtained from reliable dealers and to beware of salt water food taken too far from the waters. In Germany it is against the law to sell certain varieties of fish except when alive.

MEDICAL ITEMS.

Professor Klebs is on a visit to this country.

Hospital ambulances are now made with the pneumatic tires.

St. Luke's Hospital, New York, expects to move next July.

The British Medical Association has over fifteen thousand members.

Before the Japanese government sent its soldiers to Corea, each one was vaccinated.

The Supreme Court of Vermont says that syphilis is a sufficient ground for divorce.

Dr. John M. Fisher has succeeded Dr. E. E. Montgomery in the Philadelphia Hospital.

Dr. J. W. McLaughlin of Austin, Texas, has been made senior editor of the *Texas Sanitarian.*

Sir William Gull used to say that the correct translation of the Greek proverb "Know thyself" was "Test your urine."

Dr. Austin Flint of New York has been elected President of the New York State Medical Association for the ensuing year.

Professor Ludwig Mauthner, who had just been appointed Professor of Ophthalmology at the University of Vienna, died suddenly.

There is an endeavor in Tennessee to have a law such as is in effect in many States, to compel the notification of all communicable diseases.

The University of Michigan at its last commencement honored Dr. George M. Sternberg, Surgeon-General of the Army, with the degree of LL.D.

Professor Carl Fraenkel of Marburg has been appointed to the Chair of Hygiene at Halle and will begin his work there in the early spring.

Dr. J. M. Worthington, Health Officer of Anne Arundel County, has adopted a complete system to detect and prevent small-pox in his county.

The Alvarenga Prize of the College of Physicians of Philadelphia, for 1894, has been awarded to Dr. G. E. De Schweinitz, for an essay entitled "The Toxic Amblyopias; their Pathology and Treatment."

Dr. Heinrich Paschkis has assumed editorial management of the *Internationale Klinische Rundschau* of Vienna, formerly edited by Dr. Arthur Schnitzler.

At the next meeting of the Medical Society of the Woman's Medical College, Tuesday, December 4, at 8 P. M., the subject of discussion will be "Appendicitis."

Dr. J. M. H. Rowland, formerly Resident Physician at the Maryland General Hospital, has opened an office at 1128 Pennsylvania Avenue. He still retains his connection with the hospital and the Baltimore Medical College.

The Italian Government has decided to abolish twenty-three universities by converting them into preparatory schools. In place of these it will create in four or five of the larger cities thoroughly modern and well appointed State universities.

The average cost of each patient in the Boston City Hospital last year was $10.09 per week. The average stay of each patient in the hospital was 19.05 days. As there were 8292 patients during the year, the total cost of the patients was $1,658,400.

A physician living in a rural district of Illinois has constructed a telephone service to connect with various houses in the neighborhood and although he charges nothing for the service he finds it remunerative from the saving of time and increase in work.

The following figures are published as a result of the attempt to keep the River Seine clear of cadavera for the year 1893. There were withdrawn from the river 5652 dogs, 3307 cats, 9108 rats, 1720 fowls and 3942 other birds, 4209 rabbits, 789 pigs, 7 calves, 4 hedgehogs, 33 horses, 15 sheep, 2 colts and 13 monkeys.

At the annual meeting of the Medical Society of the County of New York, held on Monday evening, the 2d inst., officers for the ensuing year were elected as follows: President, Dr. Egbert H. Grandin; Vice-Presidents, Dr. Wendell C. Phillips and Dr. S. Henry Dessau; Secretary, Dr. Charles H. Avery; Assistant Secretary, Dr. Wm. E. Bullard; Treasurer, Dr. John S. Warren; Censors, Dr. Seneca D. Powell, Dr. Edward D. Fisher, Dr. George Thomas Jackson, Dr. Charles H. Knight, and Dr. Charles L. Gibson.

WASHINGTON NOTES.

Dr. John T. Winter has been elected President of the Commissioners of Pharmacy.

Dr. Mahlon Hutchinson, a specialist in skin diseases, of Chicago, has entered into a partnership with Dr. William A. Hammond of this city. The sanitarium will be managed by them conjointly.

The Health Officer has asked for additional appointments of physicians and laborers in the small-pox service. Several transfers are also made.

The physicians appointed to act as small-pox inspectors are as follows: Dr. Benjamin M. Beall, Dr. Llewellyn Eliot, Dr. John E. Walsh.

Dr. Frank P. Vale was appointed Medical Sanitary Inspector in the scarlet fever and diphtheria service, in place of Dr. Austin O'Malley, who was transferred to the small-pox service.

The regular meeting of the Medical Society of the District of Columbia was held last Wednesday night, Dr. Samuel C. Busey, the President, in the chair.

Dr. Wm. Penn Compton read an excellent and interesting paper entitled "Lung Exercise for Development."

The paper presented some very good points and was liberally discussed. Dr. J. Ford Thompson reported two cases of hysterectomy, one of tubal pregnancy, and cases of uterine fibroids with specimens. Dr. J. Taber Johnson reported cases of uterine fibroids with specimens.

The Clinico-pathological Society held its regular meeting on Tuesday night. Dr. H. B. Deale, the Vice-President, called the meeting to order.

Dr. C. L. Minor presented his resignation, which was accepted with regret. He will leave the city to reside in Asheville, N. C. Dr. Frank Leech was elected a member to fill the vacancy caused by Dr. Minor's resignation.

Dr. E. L. Tompkins presented a specimen of scirrhus cancer of the stomach in a man 55 years of age. He suffered from dyspepsia for about two years, with pain in the back. The cancer was on the posterior wall near the pylorus and had ulcerated through into the cavity of the stomach, which was full of blood when he died.

Dr. H. B. Deale read the paper of the evening, entitled "Some Recent Views on Diphtheria." The paper was discussed by Drs. Ellyson, Minor, Richardson and Jaisohn. Dr. Deale showed a growth on a serum culture and also presented several slides of the diphtheria bacillus. He claims that the vast majority of cases of diphtheria and membranous croup are the same disease and although there is such a thing as membranous croup, it is rare. Dr. Deale had had no personal experience with antitoxine.

PUBLIC SERVICE.

CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY AND NAVY, FROM NOVEMBER 20, TO NOVEMBER 26, 1894.

The leave of absence granted Captain Adrian S. Polhemus, Assistant Surgeon, is changed to leave of absence on account of sickness, and is further extended to include December 26, 1894, on surgeon's certificate of disability.

Surgeon Franklin Rogers ordered to the United States Receiving Ship "Wabash."

Passed Assistant Surgeon E. P. Stone detached from the United States Receiving Ship "Wabash" and to the Naval Hospital at Boston.

Passed Assistant Surgeon Clement Biddle detached from the Marine Recruiting Rendezvous, Philadelphia, Pa.

Assistant Surgeon T. W. Richards ordered to Naval Laboratory and Department of Instruction.

BOOK REVIEWS.

THE JOHNS HOPKINS HOSPITAL REPORTS. Report on Neurology. II. Volume IV. Nos. 4-5. Baltimore: The Johns Hopkins Press. 1894. Pp. 127. Price $1.50.

All the work in this volume is by Dr. Henry J. Berkeley. The first article is on Dementia Paralytica in the negro and shows the inability of the negro race to cope with modern civilization and how their want of all sanitary knowledge predisposes them to sickness and death. This accounts for an increase in mental diseases in the negro. The rest of this report is taken up with histological study of the nerve structures in the liver, lungs, heart

and other organs and tissues. The delicate histological work of the author and the careful staining and counter staining have brought out the most delicate nerve filaments and demonstrated their presence where before they were only suspected. This is not only a valuable contribution to the histology of these various organs, but it is a thorough study of histological methods.

THE PHYSICIANS' VISITING LIST FOR 1895. Forty-fourth Year of its Publication. Philadelphia: P. Blakiston, Son & Co. 1894.

This visiting list is a favorite. It is convenient and well printed. The binding is poor and the pocket far from durable. The list of poisons and antidotes needs revision. The latest antidotes, such as the permanganate of potash, receives no mention. The list of new remedies should include either *all* the new remedies for the previous year, or all the doubtful ones should be omitted.

BREAD FROM STONES. A New and Rational System of Land Fertilization and Physical Regeneration. Translated from the German. Duodecimo, pp. 135. Price 25 cents. Philadelphia, Pa.: A. J. Tafel, 1011 Arch Street. 1894.

In this remarkable production the author argues against most fertilizers and suggests the use of "stone meal," or certain kinds of stone containing the chemical elements needed for the various plants and ground to a fine powder.

REPRINTS, ETC., RECEIVED.

Shipowners and Ship's Surgeons. By Charles Henry Leet, F. R. C. S.

Report for the year 1893–94. Presented by the Board of Managers of the Observatory of Yale University to the President and Fellows.

Some Meteorological Data. By Samuel A. Fiske, A. M., M. D. Denver, Col. Reprint from the *Boston Medical and Surgical Journal.*

Address to the Honor Men of the Barnes Medical College, St. Louis, Mo. By James T. Jelks, M. D. Reprint from the *Hot Springs Medical Journal.*

Persistent Albuminuria and Glycosuria, with frequent Hyaline Casts, in Functional Nervous Diseases. By Landon Carter Gray, M. D., of New York. Reprint from the *American Journal of the Medical Sciences.*

CURRENT EDITORIAL COMMENT.

VENTILATION IN LECTURE HALLS.

Medical News.

WE have in very recent times attended lectures on biology where the air was deadly to living things and the mind stupefied by the non-oxygenation of the blood. Of what use is it to have only theoretical knowledge if no application of it is to be made?

HISTORY OF MEDICINE.

Tri-State Medical Journal.

IN this utilitarian age, when business men run after money, and professional men chase after fame, we are unmindful of the debt which we owe to our forefathers. In the medical colleges of this country practically no attention is paid to the history of our profession. Men who rank high in skill and intelligence are absolutely ignorant of the essential facts concerning the rise and development of that profession which they practice with such honor to themselves and such benefit to the public.

THE SLEEPING CAR.

Philadelphia Polyclinic.

NINETEENTH century luxury and sixteenth century hygiene, or complete lack of hygiene, meet most intimately in this necessity of modern travel. And their association here fairly reflects the mental attitude toward luxury and hygiene on the part of the makers and the mass of the patrons of sleeping cars. Improvement can only be brought about by sharply directing public attention to the most grossly unhygienic characteristics of this means of travel, and persistently demanding their amendment.

MEDICAL ADVICE GRATIS.

British Medical Journal.

THE fact is, the hospital is competing with home hospitals, so-called, and nursing homes, but with the great advantage that it undertakes to provide its patients not only with board and nursing, but with the services of resident and consulting medical officers, for a weekly payment which appears to be estimated on the cost of board and nursing alone. This extends dangerously the pauperising influence of hospitals, already too extensive. A new social class are to be taught that they need not pay their doctors, a lesson which past experience proves they will only be too ready to learn.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXII.—No. 9. BALTIMORE, DECEMBER 15, 1894. WHOLE No. 716

ORIGINAL ARTICLES.

THE USE OF FOOD AS MEDICINE.

READ AT THE SEMI-ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT CUMBERLAND, MD., NOV. 21 AND 22, 1894.

By Edward M. Schaeffer, M. D.,
BALTIMORE.
Member of the American Association for the Advancement of Physical Education; National Educational Association, etc.

"Half the ills that flesh is heir to
Would not really be so bad,
If we did not daily, thereto,
Add the ills it never had!"

IN an address before the Medical and Chirurgical Faculty of the State of Maryland, three years ago, attention was called to the "Revival of Physical Education and Practical Hygiene" throughout the country, not only in public-school work, for the symmetrical, rational training of healthy minds and bodies, but as a remedial measure among the criminal classes, the feeble-minded and the insane. Allusion was made to the excellent training schools for teachers, women more especially, now devoted to instruction in scientific body-building, and to the great success of this specialty in educational fields as evidenced by the demand for skilled service and the satisfactory pay which has accompanied it.

A new sanitary era awaits the infant fortunate enough to be born of such parentage and under such popular recognition of his birthrights as will start him on a life abundantly worth the living, because not hopelessly handicapped by circumstances over which *he* has no control. They are, however, so indisputably avoidable, that it is a stigma on the courts of law and equity, who remember his rights of inheritance in property before actually it has entered a girl's mind to dream of her possible maternity, let alone know who is to be the sharer of her joy that a child is born into the world—that no protection whatsoever is granted that he shall be given a body wherewith to enjoy his inheritance, unless we except the humane injunction that "a man may not marry his grandmother."

Let us hope the day will speedily come when there shall be such a popular awakening and sentiment on these subjects, that the people themselves will enforce a law that shall insure to every child the divine right to be well born into this selfish, body- and soul-devouring world of ours, as we make and corrupt it.

It is my purpose, today, to note the still further progress of the health idea in our noble art, to hail with joy the near approach of an era of preventive medicine, not as a specialty, but as the universal aim of all honest and broad-minded practitioners, to congratulate you on the voices in our midst and the heralds in high places, who are proclaiming the gospel of sanitary science to a public who, from a strange mixture of ignorance, prejudice and inclination, have called for and suffered many things of many physicians, contented themselves

with the appearance of health or a low standard of vigor and vitality, and cherished the delusion that doctors could perform "the miracle of reconciling health with intemperance," substitute physic for physique, and sell indulgences for the commission of physiological sins. The man who thinks or boasts that he has the ability to evade nature's laws with impunity is unfit either for earth or heaven; he is the counterpart of the alleged philosopher whom the psalmist has for all time unceremoniously placed in the fool's gallery.

One of England's great therapeutists, the late Dr. Fothergill, an expert in dietetic knowledge, declared that "myriads of our fellow creatures have perished because those around them did not know how to feed them." This remark applies to all sorts, ages and conditions of the human kind. It does not, however, pertain to the lower animals which have a *market* value and whose lives are not generally insured, so it has been to man's interest to look after their nutrition and promote their viability. The small boy followed healthy instincts who expressed a preference to be the wild turkey and live on a prairie, rather than the Thanksgiving turkey who got killed every year.

"The time indeed is at hand," says Fothergill, "*when systematic lectures on food will be part of medical education*, when the value of feeding in disease is admitted to be as important as the administration of medicine."

Every medical student should be required to pass an examination in the *physiology of health* prior to displaying his knowledge of disease. How can he understand the latter except in terms of the former? Do we presume to study surgery or pathology in advance of normal anatomy and histology?

Do our medical schools sufficiently emphasize these matters on their true relation? Who started the enquiry "is life worth living?" Somebody's patient; a chronic dyspeptic; a man of drugs; some victim of an ill-mated, because morally illegal, marriage; some egotistic idler; or a person whose very health, perhaps, isolated her or him from the good society and sympathy of hypochondriacs and robbed them of agreeable (?) conversational resources.

As we watch the rise of a great school of medicine in our State, whose representatives are the bone and sinew of these meetings, did not the trustees first secure a distinguished professor of pathology, and lastly, but most emphatically not least, called on a distant college which has led the van in the study of scientific nutrition through laboratory analysis and research, for a teacher of the principles of dietetics (the art of keeping alive)?—The noblest specialty of them all, because no other specialty can have permanent success which is not based upon it, embodying as it does the basic facts of right living and healing, a knowledge of the only *curative* force to which drugs can appeal, the sole hope of the surgeon's brilliant skill, the *summum bonum* of what we are pleased to call the science of medicine.

Here is another legitimate field for the woman doctor or teacher; and if outside of our profession such invaluable work has been done by a Mrs. Abel and a Mrs. Richards, what may we not expect should the former accept a degree and be assigned to a professorial chair, a position which the latter has for some time honored in the Massachusetts Institute of Technology?

"The scientific aspect of food must be united in the bonds of holy matrimony with practical knowledge of the cook's art, before a man can discourse learnedly of food. It is an irritating, nay, more, a deeply saddening problem, for a wise dyspeptic to ponder, the superabundance in this little world of ours of things cookable, the extreme rarity of cooks. A man is what he eats. Pain is the prayer of a nerve for healthy food. Courage, cheerfulness and *the desire to work* depend mostly on good nutrition," a point of great practical bearing on all problems of charity organizations and of effective relief to the deserving poor and oppressed.

Why cannot America, like ancient Greece and Rome, inaugurate a sensible enthusiasm or ambition for good health among the masses; why, among the

youth of our unequalled land, should there not arise as keen a zest for renown in health (only another term for energy and power of achievement) as for bravery and beauty, or for success in athletic games and sports? Said Sir James Paget, "I wish there was such an ambition for the most perfect national health as there is for national renown in war, or in art or commerce." "This world is not yet ready" says a witty writer, "for the activities of bodiless spirits." Children must be trained by the city and State, acting *in loco parentis*, to appreciate and develop a firm, healthy body, a good chest and heart, strong muscles, pure blood, a clean mucous membrane—the only rational basis for a healthy, intellectual superstructure. "The tree of knowledge must be grafted on the tree of life," said a German philosopher who has been called the Shakespeare of his land; adding, "whoever sacrifices health to wisdom has generally sacrificed wisdom too, for only *inborn*, not *acquired*, sickliness is profitable to head and heart."

Where is there a more brilliant and practically useful specialty than that of the bacteriologist, the man who despises not the day of little things, but looks at nature's sanitary and prophylactic corps of microscopic workers, a veritable salvation army for the masses, that he may learn how to prevent disease and minister to the public health? Sometimes the patient is tempted to die of an obscure disease that he may immortalize himself and some bacillus of sensational tendencies, whose quiet, beneficent work, perhaps as a public scavenger, has been rudely interrupted by the offer of the name of his inquisitor; but, as a rule, Dr. Welch, Dr. Sternberg and others are ever ready to disabuse the popular mind of undue alarm of "germs;" and healthy tissues, with normal functions duly exercised, are the only germicides and antiseptics the average citizen need employ.

Cleanliness is the cheapest and most efficient remedy.

The avoidance of dirty water, dirty food and dirty air; the generous use of soap and hot water, objectively and subjectively, work without worry, suitable food for the body in sufficient quantity, temperance in all things, hope and faith, these are nature's prophylactics.

Gynecologists have it in their power —or rather their patients have but to press the hygienic button, if we may believe the voluntary admissions of some most busy and respected practitioners— to retire without special disadvantage on their laurels and seek fame in other fields. I mean no violence to the public utterances of such eminent workers as Dr. Kelly, Dr. Goodell, Dr. Emmet, Dr. Englemann, Dr. Chas. P. Noble, Dr. Newman, Dr. Davis, etc., as well as the neurologists, Dr. Weir Mitchell, Dr. Dana, Dr. H. C. Wood, and a host of others, when I say that this whole specialty has grown up and flourished (in the judgment of these men) through the material furnished by the *physical follies* of woman, her errors of dress, diet and exercise, the absurd limitations and dictates of fashion, etiquette, and alleged propriety.

Add to this the idea that God made two distinct animals when he fashioned man and woman; though the Bible account simply states that He made MAN, male and female created He them; the medieval, ecclesiastical imposition that woman was the source of all evil instead of being the strongest moral conserving force the world has ever offered; Stanley Hall calls her the natural guardian of good manners, morals and sentiments, the agent of permanence and conservatism. The attempt is futile to disguise or deride the fact that she is as much of a biped as man, needs exercise, good blood, lungs and abdominal muscles more than her masculine dictator who does not have to bear children (pity the tables cannot be turned for a while). I venture to assert that the woman is the coming man, and room had better be made for her. She is instituting more reforms than her moral inferior ever dreamed of, and only needs a lingering, intrusive, masculine, oriental effeminacy to get out of her path, to recover her health and stand shoulder to shoulder with man in the high missions to which she feels herself called.

Says Dr. Noble in a paper read before his fellow-gynecologists of the American Medical Association—and I do not see a single dissenting voice on record—"I believe that the restriction of the prevalent diseases of women is to be the next great advance. Gynecologists must bring home the fact to the general practitioner that the diseases of women are largely preventable and make him feel his responsibilities, both as to their production after present methods of practice, and as to the possibilities of their prevention after improved methods. When the family physician realizes that it lies within his power very largely to prevent these diseases, the universal prevalence of disease among women will cease to be a reproach to preventive medicine." Prior to these conclusions, Dr. Noble had specified the necessity for "full instructions concerning the ill effects of constipation, improper dress and erroneous habits of living."

Proper attention must be given to growing girls, especially about the time of puberty, their school, social and home life regulated, all of their muscles and vital organs symmetrically developed by appropriate exercise to be determined by medical specialists. The conspiracy against a free, untrammeled, out-of-doors girlhood is yielding to the influence of our gymnasiums, and to school instruction in hygiene and physiology. Dress is becoming sensible and esthetic at the same time. Dressmakers' dummies are getting animated and refractory, and clothes begin to look as if they had some possible relation to the comfort and convenience as well as to the artistic sentiment of the wearer. The bicycle is working a revolution of its own, to the great enfranchisement of the corset-choked and skirt-enfeebled aspirant to such health-giving sport.

Food, as used in my title, includes air and water and suggests physical exercise as the occasion and chief claimant for its exhibition. Any man who has time to eat must find time to exercise. The two cannot be divorced. Every good workman takes time to keep his tools in order or he finds himself impaled on the ragged edge of despair.

I would say to the average graduating medical class in the land: If you have not learned the uses of HOT and COLD WATER in health and disease, your edudation in therapeutics is sadly deficient in its best and simplest resource, and you had better take a post-graduate course in some leading sanitarium or professional water cure, where you will also have good opportunity to supplement your knowledge of the natural curative powers of the body under proper regimen and hygiene. Regard the terms hysteria, hypochondria, etc., as akin to rheumatism and malaria, a too capacious waste basket for the physician who is unable or unwilling to discover the definite and real cause of certain symptoms, which become monotonous under a frequently mischievous role of tonics, bromides and promises.

Let us as a profession furnish only what is permanently best for our patients, not, as a trade, what is called for and most readily paid for. If we are doctors, we are teachers; if we are physicians, we should create a paying demand for health prescriptions by educating people to know and call for the best, outside of legitimate conservative surgery, that we have to offer, viz.: the precepts of hygiene and dietetic science.

To STAY WELL, it is necessary that patients get well by natural means, the rationale of which they can in a measure comprehend; and thus appreciating, will be willing to pay for and apply. This will grant life to both them and the doctor, will be the best weapon against quacks and quackery, and place our high calling on a more elevated and scientific basis.

"The modern graduate in any of the professions, law, medicine and theology, who has not enjoyed an antecedent liberal education," said Professor Woodrow Wilson, at the World's Fair Congress, "can never get a subsequent equivalent; and, without it, he must remain shut in by a narrow horizon. Such is the practical physician, lawyer or preacher who now rides us like the 'Old Man of the Sea,' monarch of his little isle of expert knowledge, until we can drug and dislodge him."

TREATMENT OF PELVIC INFLAMMATION.

Read before the Tri-State Medical Society, at Cumberland, Md., Nov. 20, 1894.

By E. E. Montgomery, M. D.,

Professor of Clinical Gynecology, Jefferson Medical College; Gynecologist to Jefferson and St. Joseph's Hospital; President Alumni Association, Jefferson Medical College.

As a specialist, it seems to me that no subject could be presented fraught with more interest to the general practitioner and more important to the community at large than the consideration of the one before us. In its discussion I do not propose to attempt to occupy your time in the consideration of all the inflammatory diseases of the pelvic organs, for it would require much more time and patience for even a moderate consideration than is at our disposal. The conditions which I wish to discuss particularly are those in which the tubes, the ovaries and the cellular tissue of the pelvis are the seat of disease. The etiology of this subject is one upon which there is very great diversity of opinion. Some writers would claim, like Noeggerath, that all the diseases of the pelvis were the result of gonorrhea; others that the great majority arise as the result of sepsis following parturition or abortion.

While it is true the germs thus introduced are the frequent source of grave diseases of the pelvis, it should not be forgotten that there are located in the genital tract colonies of germs which only await favorable opportunities for the development of diseases equally grave. Their presence affords an explanation for many of those inflammatory attacks which occur in individuals in whom neither of the causes named afford an explanation for the disorder. Not unfrequently we may find this in a young woman who, possibly, from a catarrhal condition of the genital tract has an irritable uterus, from which exposure to cold, over-exertion, or sudden checking of perspiration, produces an acute pelvic disease; which under old theories could only be accounted for by sexual indiscretion. I think no one practicing extensively in the field of abdominal work but will have seen cases of this character, in which the subsequent function of the pelvic organs was as thoroughly crippled as if the condition had arisen from gonorrhea or puerperal sepsis. A proper appreciation of these attacks will impress the general practitioner with the importance of prompt consideration and treatment of conditions which must otherwise be neglected or overlooked. I would not be understood as urging that a young woman should be subjected to examination or local treatment for every abnormal symptom she may present; but in any case, prolonged and perverted performance of the function of the part, associated with discharge and with pain, should be an indication for careful physical examination. The existence of an inflammatory disease of the mucous membrane of the uterus should be considered an indication for prompt and proper treatment. The treatment is very important, as we recognize that such disease of the mucous membrane produces, by continuity of structure, inflammation of the tubes and the peritoneum; by reflex irritation, congestion and inflammation of the ovaries; by contiguity of tissue, to inflammation of the structure of the uterus itself, and through the blood-vessels and lymphatics to the cellular tissue of the pelvis. These avenues for the extension of disease to structures of so great functional importance are evidence that we cannot too urgently insist upon prompt and proper treatment.

Under proper treatment, we should oppose any intrauterine application, but confine ourselves to the use of medicated tampons and hot douches. Although it is demonstrated that such a course

is ineffective, intrauterine treatment should not be practiced until the canal is so dilated that it will be rendered evident that the drainage from the uterus will not be defective. In a uterus with the cervical mucous membrane abraded, the canal narrowed, and the membranes so swollen that the discharges make their exit with difficulty, the mere introduction of the sound may be sufficient to set up an irritation that will promote the development of local germs and the absorption of their ptomaine products to such a degree as to imperil the life of the individual or destroy the function of the organs. The existence of an endometritis, or a subinvolution with the narrowed canal and defective drainage, should be considered an indication for dilatation and curettement of the uterus. The procedure should be done with all the antiseptic and aseptic precautions we would exercise in the performance of an abdominal operation. Indeed, the danger of subsequent inflammatory trouble is greater than in opening the abdomen. The dilatation of the uterus, in my judgment, is best accomplished by means of graduated bougies, as they dilate the entire canal, stretching the fibers, with less danger of laceration and with less injury to the local tissues. No dilatation should be done without following it by the use of the currette and preferably a curette with an opening through its handle, so that the cavity can be irrigated as the curettement is practiced.

For the purpose of irrigation, we may use a solution of creolin or, what is preferable, a solution of carbonate of soda or potash (℥1 to 1 gallon) in hot water. This solution dissolves off the mucus and debris from the cavity of the uterus, decreases the danger of any subsequent inflammatory septic process and has to a certain degree a depletive effect upon the uterine cavity. It should be followed by packing with iodoform gauze. The gauze acts as a tampon, makes pressure upon the mucous membrane of the cavity, decreases bleeding, keeps the walls separate, prevents the accumulation of blood and mucus within the organ and acts, through its capillary influence, as a drain. As a foreign body, it stimulates muscular contraction and increases the activity of the circulation. Such a plan of treatment improves the subsequent drainage of the uterus, favors the correction of displacements and by its promotion of the activity of the circulation and stimulation of the uterine contractions, facilitates the decrease in the size of a subinvoluted or chronically inflamed organ. Those cases of tubal inflammation which arise as a result of regurgitation into the tubes of the uterine contents, where the organ has contracted upon retained fluid because of a narrowed cervical canal, are immediately relieved. I have no doubt that regurgitation into the tubes of the fluid, under uterine contractions, makes its exit in that direction easier than through the cervical canal and is a frequent source of secondary salpingitis. This treatment permits subsequent local applications to be made without fear of producing unpleasant phenomena. Uterine curettment and drainage is a means of arresting incipient tubal disease and promoting the discharge of secretion from the Fallopian tubes. Conjoined with correction of displacements and elevation of beginning prolapsus, it should be considered as the proper treatment in cases of early tubal disease. It would not be safe, however, where there was any evidence of perisalpingitis, more or less exudation into the cellular tissues of the pelvis, or a collection of pus or other fluid in the tubes. The existence of pelvic exudates, of acute inflammatory attacks and evident collections of pus or inflammatory products in the pelvis have been considered as justifiable indications for prompt sacrifice of the uterine appendages.

Within the last year, indeed, such conditions have been considered as absolutely indicating the removal, not only of the appendages but the uterus as well. Before discussing the correctness of such a dictum, it may be well to remember the methods by which inflammatory troubles extend from the uterus: 1, and most frequently, by continuity of structure through the mucous membrane

of the uterus to that of the tube and subsequently the peritoneum and ovary; 2, through the blood-vessels, involving the uterine sinuses and the cellular tissue of the pelvis; 3, through the lymphatics to the lymphatic glands of the pelvis. The first form of extension is generally self-limited. The inflammation of the tube results in throwing out of exudate around the abdominal end, and the formation of localized peritonitis by which the abdominal ostium of the tube becomes occluded, so that we may have an inflammatory collection within the tube which is localized, from which the patient may apparently recover. The extension of the poison through the blood-vessels is usually most virulent and produces disease of a swift course. Upon the formation of pus in the pelvis, nature at once sets her forces in motion to erect barriers to prevent its entrance into the surrounding tissues. Thus large collections of pus may form in the pelvis which are firmly limited by the erection of plastic barriers about them. In such a case it would seem unwise to break down nature's bulwarks and endanger the escape into and the soiling of the peritoneum by performing an operation through the abdominal walls. The wiser plan would seem to be to make an incision through Douglas's pouch or the pelvic floor until the pus cavity is reached and thoroughly emptied, irrigate the cavity and pack it with iodoform gauze. Even where we cannot hope to bring about an absolute cure, we may be able to relieve the patient of the load of poison she carries, improve her general condition, so that an operation may subsequently be performed with less difficulty and danger. The writer has in several cases succeeded in removing pus collections and restoring the patient to health unmutilated, where the many operators would have resorted to a radical and a sacrificial procedure at once.

Probably your time could not be better occupied than in hearing the detail of a case of this kind in a young woman who had been recently married. As a result of the changed relations, she began to suffer some discomfort in the pelvis and her family physician was called to examine her and announced the womb needed straightening. He introduced a sound to replace it and subsequently curetted the organ without maintaining any measure for drainage. This aggravated the already irritable uterus and she was at once seized with pain, followed by elevation of temperature, by marked sensitiveness and localized peritonitis, and the collection of a quantity of pus in the right appendix. The entire uterus was surrounded with a mass of exudation, apparently binding down both tubes and ovaries. Upon examination through the vagina quite a large mass of exudation could be discovered through the rectum upon the right side, the sensation of fluctuation, with a very thin wall apparently about ready to break into the latter canal. The patient was taken to the private hospital, and after thoroughly cleansing the vagina, an opening was made posterior to the uterus, the tissue pushed up until the thin sac enveloping the collection could be recognized. This was opened by plunging a pair of scissors through it, the blades separated and withdrawn, thus enlarging the opening. The cavity was then irrigated with sulphurous acid solution, and with a view of ascertaining whether it had been completely emptied, the finger was introduced into the rectum behind the point at which the sac protruded into that canal. In pressing upon this it gave way and it was found the finger in the vagina came in contact with the other in the rectum. This cavity was then packed with iodoform gauze in such a way as to close the perforation in the rectal mucous membrane. The wound healed and subsequently under the practice of uterine massage the exudate became largely absorbed. This patient was under treatment in July last and is now about two months pregnant. It had been declared impossible that she could ever become pregnant. The tubes were said to be completely obliterated. The presence of masses of exudation and distension of the tubes is not an absolute indication to the recovery and subsequent existence of pregnancy. It may be asserted that if the tubes become once closed, forming sacs, no plan of treat-

ment would result in the absorption of the exudate and the restoration of their function, but it should be remembered that when inflammation occurs at the end of the tube, it is not always closed, by the folding in of the mucous surfaces and closing of the peritoneal surfaces over it. In the closure of the tube, one or two fimbriæ may be only partially retracted, leaving small mucous surfaces protruding, which during the acute inflammation may permit leakage and cause the subsequent recurrence of peritoneal attacks.

The existence of a large exudate does not absolutely indicate the presence of pus. It is to be expected that the occurrence of such a collection would lead to increased secretion within the tube and where its ends are obstructed a collection of fluid gradually forms which may be purulent, bloody, or watery, according to the degree of inflammation or virulency of infection.

The plan of treatment must necessarily depend largely upon the circumstances of the patient. An individual in affluent circumstances can afford to pursue a course of treatment not possible to one dependent upon her own exertions for maintenance of herself or her family.

In the introduction and application of uterine massage we have a procedure of wonderful therapeutic value in the treatment of many forms of pelvic inflammation. In chronic non-suppurative cases it may be practiced by inserting two fingers into the vagina and placing the hand over the abdomen, we raise up and move the uterus in different directions, thus stretching bands of adhesions and promoting the absorption of exudation until the organs are again free. Such a plan of treatment may follow and supplement vaginal incision and drainage when it is evident that pus is present.

We would present the following plans for treatment :

1. Chronic endometritis associated with irritable appendages should be an indication for dilatation, curettage and drainage. The precedure should be performed under thorough aseptic precautions, and the patient should be kept in bed for at least ten days. Subsequently the patient should have semi-weekly intrauterine applications of astringent or alterative agents and a vaginal tampon of gauze medicated with ichthyol and glycerine. The tampon supports the uterus at a higher level and through the medicament depletes the pelvis. When the tampon is not worn a hot douche should be used twice daily.

2. Uterine displacements and fixation, unless pus can be demonstrated, should be treated by pelvic massage and the use of tampons and hot douches. Massage is just as serviceable and as much indicated in pelvic infiltration as in inflammatory anchylosis in any of the joints. It is surprising how rapidly exudates will be absorbed under careful manipulation.

3. The existence of pus in quantity sufficient to permit of its demonstration should be considered a positive indication for its evacuation. As has already been stated, the isolation of the mass by the barriers nature has provided should be respected and the cavity, where possible, drained through the vagina. In many cases this plan of procedure will result in the preservation of appendages which would otherwise be sacrificed. The subsequent fixation of the pelvic organs may be overcome by a course of pelvic massage, hot douches and mild counter-irritants.

4. A class of cases in which there has been profound destruction of the organs will still remain, in which no hope for health can be afforded so long as they remain. Such cases demand thorough removal of every vestige of diseased tissue. This may be accomplished in some cases through the removal of the appendages, in others the extirpation of the womb is equally demanded.

PRESERVATION OF URINE.—Urine can be kept for an indefinite period if to the contents of the vessel there be added 2 c.c. (ʒss) of the following solution: Mercuric cyanide, 10.0 (ʒijss), water, 100.0 (ʒiijss). The addition of this salt does not alter the acidity of the urine, nor does it invalidate the results of the analysis.

MALARIA; ITS DISAPPEARANCE FROM THE EASTERN SHORE.

Read before the Sanitary League of Health Officers of Maryland.

By J. C. Clark, M. D.,
Federalsburgh.
Health Officer of Caroline County, Maryland.

Malaria, bad air, or marsh miasm, are synonymous terms according to medical nomenclature; and malaria has been the term used for more than a century to designate the disease caused by the entrance of a certain specific poison into the human system. That it is one of the so-called germ diseases is now pretty well established, the microscopists having found small bodies belonging to the order of protozoa, or lowest living organism, invariably present in the blood of patients suffering with the different forms of malarial diseases.

Six different species of these parasites have been described and their relation to the different symptoms and types of the disease has been worked out by one observer, who reports certain definite cycles of evolution in the development of the parasite in the blood; its gradual increase in size until a process of segmentation or sporulation takes place, causing the paroxysm of chills. This same observer describes a rapid destruction of the red corpuscles of the blood by the micro-organism, which destruction we know does take place, as evidenced by the pallor and anemia of malarial patients. This fact, together with the fact that such organisms are not found in any other disease and of their rapid disappearance on the administration of quinine, makes the theory plausible. While it is yet somewhat *sub judice*, and the testimony of more witnesses must be heard, it satisfies more of the conditions of the disease than any other theory thus far advanced.

There are yet gaps in our knowledge concerning it; it is not known how it enters the system or in what form it leaves it, nor how it is propagated and no record of successful cultivation has been recorded. Heat and moisture and a proper breeding place are necessary for its development. Low, swampy, marshy places and hot weather supply these conditions. It does not follow, however, that all such places are malarious; in fact, sometimes in the same section of the country and exposed apparently to the same conditions, one district will be malarious while another will not. Salt water marshes, as a rule, are free from it, while it prevails around fresh water and mixed fresh and salt water marshes.

Salt water is said to neutralize or absorb it. It does not develop at a lower temperature than 60° and is entirely destroyed at 32°. Infection is most liable at night and the nearer the ground the more liable the infection. It is said to adhere to trees of dense foliage. It is probably transmitted through the air to a locality formerly free from it; in fact, it seems to develop in cycles. Residence is the only way to tell whether a given locality is malarious or not, though probably in time chemistry and microscopy will do it.

That malaria used to prevail on the Eastern Shore is true, though reports concerning it have been greatly exaggerated, and that it has almost entirely disappeared is equally true. Having practiced my profession in Caroline County nearly fifteen years, I speak from positive knowledge and experience. In collecting the vital statistics for my county, I addressed letters to all the physicians, asking their observation as to the prevalence of malaria; each reported it as fast disappearing; one of the oldest and most intelligent reported it as compared with forty years ago at five per cent. This corresponds with my own observation, and at the present ratio of decrease, in a few years malaria

will be an unknown quantity on the Eastern Shore. The few cases that do exist are found around old mill ponds. Cut all the mill dams on "the Shore," and I will venture to say that in a few years it will be an unknown quantity.

There must be some reason for this great change in this section of the State; it cannot be attributed to any one cause but to a possible sum or combination of causes. The old stereotyped reason of "better drainage" will not entirely explain it, as we used to find malaria in some of the best drained sections of country. While no doubt drainage is a factor, the better cultivation of land, which goes hand in hand with drainage, is probably a greater one; with increased cultivation and growing vegetation come purer air. Vegetation has a purifying influence on air, removing the carbonic acid gas and restoring that life-giving principle, oxygen; consequently the more vegetation and the more luxuriant, the purer is the air; the purer the air, the more ozone, with its remarkable powers of oxidation and disinfecting, antiseptic and anti-germicidal properties. To the presence of this agent alone a possible explanation can be found.

Another probable factor is the growth of the pine tree. In the march of civilization the larger oak trees have been cut down for building purposes and the smaller and less valuable pine trees allowed to stand. Pine trees have for ages been supposed to possess some antiseptic power, due probably to the evaporation of the volatile oil which they secrete naturally and the giving out of ozone. The removal of the oak has probably allowed the more thorough dissemination through the air by the winds of the purifying principle of these trees. The planting of the peach tree is another possible factor. Trees with a large leaf absorb or destroy the malaria germ; if not by absorption, possibly by the general rule of vegetation, of giving out oxygen. Climatic changes are probably another factor, heat and moisture being necessary to the development of malaria. From some inexplicable cause the rainfall and heat of the summers have been less than formerly. While I have not had the means of determining accurately the rainfall, I know from observation and experience that certain fields on my farm which were invariably drowned out a few years since now yield good crops. Why the summers are not so hot, I cannot explain; possibly for the same reason that the pine trees have more room, the cutting away of the larger trees and thereby allowing the modifying and cooling influence of the Atlantic Ocean on one side and the Chesapeake Bay on the other to be better felt. With these two necessary properties for its development lessened, combined with the other possible factors mentioned, it looks as if the "bug will have to skip."

With malaria rapidly disappearing and la grippe run its course, the Eastern Shore of Maryland is now exceptionally healthy and with its temperate and salubrious climate is almost a natural sanatorium. Typhoid fever, a few diarrheal diseases in summer, catarrhal ones in winter and an occasional case of scarlet fever and diphtheria, which, however, under the pure atmosphere nearly always assume a mild and tractable type, are about the only diseases which prevail; in proof of which I present the vital statistics of my county:

Total number of deaths, 120. Population at last census, 13,903, is 8.6 per cent. per 1000.

16	from Consumption.	6	from Typhoid Fever.
7	" Bright's Disease.	6	" Pneumonia.
5	" Heart Disease.	6	" Dysentery.
5	" Cancer.	3	" Malarial Fever.
5	" Apoplexy.		

9 were over 80.
15 between 70 and 80.
15 between 60 and 70.
16 between 50 and 60.
16 were infants under one year.
One was 110.

These statistics, as well as the condition of my visiting list, testify to the correctness of the eulogium of Dr. Chancellor in his work, "The Climate of the Eastern Shore of Maryland;" the recapitulation of which is: 1. A temperature pleasantly warm for eight months in the year; 2. An air moderately dry, rich in oxygen, of excessive purity and constantly in motion; 3. A large number of clear, sunny days and comparatively few days of rain and fog; 4. A rich and luxuriant vegetation, flourishing as in a subtropical climate; 5. The possibility

of almost daily promenades and drives in the open air; 6. The refined social advantages of the country; 7. Its unrivaled dietetics and cuisine; and, finally, in its proximity to the great centers of population.

SOCIETY REPORTS.

BALTIMORE MEDICAL ASSOCIATION.

MEETING HELD OCTOBER 8, 1894.

Dr. H. H. Biedler, First Vice-President, in the chair.

Dr. E. G. Waters reported an interesting CASE OF PURPURA. One form of this disease associated with rheumatism has received the name of peliosis rheumatica. He called attention to the affinity between purpura and erythema mentioned by Hyde and Pye Smith. On April 23 he was called to see a gentleman one hour after he had returned from Atlantic City. While there he was taken with cholera morbus and the attack lasted all the way home. That was his condition when Dr. Waters saw him. There was some elevation of temperature, not great, lasting five or six weeks. The case was diagnosticated as continued fever. He went out and had a relapse. Owing to heavy pecuniary obligations he was obliged to go out of the house, staying at his office till he was compelled to return home and go to bed. The purpura was in the form of petechiae.

The spots were very small but excessively numerous. There were none on the face but in other parts there were thirty or forty spots to the square inch. There was no headache but some muscular rheumatism. He could not attribute the fever to rheumatism. Kidneys were perfectly healthy. There was no hemorrhage. During June the spots became enlarged like vibices or ecchymoses. On June 17 there was such an exhibition of erythema as Dr. Waters had never before seen. The whole body was, comparatively speaking, aflame. It had come on suddenly. Dr. I. E. Atkinson saw the patient with Dr. Waters the next day but then the erythema had disappeared and the purpura had reappeared. Towards the middle of July he went back to Atlantic City and when he returned felt perfectly well. In August he had a return of continued fever and of purpura. The patient is about 55 years of age, but of excellent general health. The case is remarkable because of purpura identifying itself with erythema.

Dr. David Streett: Erythema in many cases is very rebellious to treatment, while others recover readily. Some cases of purpura are very obstinate. The pathology of purpura is obscure. It is thought by some to be infectious. Symptomatic purpura occurs in Bright's disease and cardiac affections. Some cases of purpura are allied to scorbutus. He mentioned the diagnostic points between purpura and scorbutus.

Dr. Chas. H. Jones: Had seen many cases in army hospital and a few in private practice. It is due to a cachexia; hereditary. In Dr. Waters' case there was rheumatism. He thinks that the liver and spleen are affected. Dr. Waters' was a mongrel sort of case; one day, erythema; the next, purpura. He rather thinks that it was erythema. He once saw a child with purpura in which case he thinks that there was an hereditary taint.

Dr. E. D. Ellis: Once saw a case of purpura in a girl 17 or 18 years old. It was her third or fourth attack and commenced with a sore throat. The spots were most numerous on the legs and buttocks. The case was obstinate.

Dr. W. A. Duvall: Asked Dr. Waters if in his patient there was not constipation before the cholera morbus.

Dr. D. Streett: Had noticed that in many cases the patients are young. It is said by some that the cause of the disease is due to minute emboli.

Dr. E. G. Waters: His patient was predisposed to a laxity of the bowels and frequently had to use astringents. He did not wish to create the impression that Dr. Jones had, that the purpura and erythema alternated. The purpura was persistent until the one attack of erythema appeared. Most of his patients were under twenty years of age. He

had used potash salts (bicarbonate and chlorate) just as in scorbutus. Finally he put his patient on ergot, mineral acids and tincture of the chloride of iron. Once he saw a violent case of urticaria in a similar way.

Dr. Streett: Scorbutic conditions occur probably more frequently than we suppose. He related case of a boy with bleedings from the mucous surfaces, sinkings and convulsions. Inquiry revealed that he ate nothing but meat. A change of diet and acetate of potash constituted the treatment. He never became robust.

Dr. Duvall: Related a case of urticaria in which no cause could be discovered but the drinking water. It occurred in a mother and her second child whenever they visited the country. The water was hard. The treatment for it was effervescing citrate of magnesia.

Dr. Waters: Dr. Streett's case of scurvy recalls Dr. Kane's experience and that of his men. When they killed an animal and dealt out the liver to the men, the trouble subsided. One of the severest cases of urticaria that he ever saw occurred by stirring up a nest of wasps, one of which stung a servant girl.

Dr. Streett: Has generally noticed indigestion and diarrhea in cases of urticaria. Has seen it occur where it was due to malaria.

Dr. Duvall: For local application has used lead water and a weak solution of chloride of sodium.

EUGENE LEE CRUTCHFIELD, M. D.,
Recording and Reporting Secretary.

CORRESPONDENCE.

THE INDEX MEDICUS.

Editor MARYLAND MEDICAL JOURNAL.

Dear Sir:—I have learned that The Index Medicus will cease to be published with the February number, owing to lack of support and the fact that a large number of its subscribers are delinquent, unless an effort is made to continue it.

The value of this publication to those who do any work at all in connection with medical literature is so great that I take the liberty of writing to you to express the hope that you will not only become a subscriber, but will urge other of your professional friends to do so.

It is particularly necessary that The Index Medicus should be continued owing to the fact that after the completion of the supplementary volume of The Index Catalogue of the Surgeon General's Library there will be no record of contemporary medical literature, and he who desires to keep pace with it, or who wishes to study a particular subject, will have to resort to the laborious task of seeking in various journals that which he desires if the publication of The Index Medicus ceases.

It will be possible to continue The Index Medicus if 500 new subscribers are obtained. The subscription price is $10 per annum, which should be sent to Mr. George S. Davis, publisher of The Index Medicus, Box 470, Detroit, Michigan.

As The Index Medicus can never be made a success from a commercial point of view because of the peculiar scope of its work, I have no hesitancy in making you acquainted with these facts, and I earnestly hope that you will insert a notice emphasizing the importance of this matter in the columns of your valuable journal.

Your truly,
H. A. HARE, M. D.
Philadelphia, Dec. 3, 1894.

MEDICAL PROGRESS.

THE TREATMENT OF GONORRHEA BY IRRIGATION.—The prevalence of gonorrhea and the difficulties in its treatment naturally multiply the methods used for cure and each writer sets forth the means which in his hands have been most successful in the majority of cases. Dr. H. M. Christian, in the *Therapeutic Gazette*, in giving the results of his treatment by irrigation of the urethra, says:—

1. That irrigation is a distinct advance in the treatment of gonorrhea; in fact, up to a certain point, it must be considered the proper treatment for that disease. It relieves ardor urinæ and chordee more promptly than any other form of treatment. It is attended with a much

smaller proportion of complications, such as total urethritis and epididymitis.

2. That permanganate of potassium is the best remedy for the purpose of urethral irrigation.

3. That irrigation of the urethra alone cannot be relied upon to absolutely cure specific urethritis.

For the cure of the thin muco-purulent discharge which appears at the meatus in the morning, some astringent injection used by the patient himself is necessary.

4. That simple non-infectious urethritis can be cured in from ten to twelve days by daily irrigations and permanganate of potassium.

He further adds that, where it is possible to carry out the treatment, irrigation of the urethra with solution of permanganate of potassium *twice* daily would very materially lessen the duration of the disease. This is, of course, impracticable in dispensary practice. I am now employing at the Dispensary of the University Hospital daily irrigations with permanganate solution, combined with the internal use of a capsule containing five minims each of oil of sandalwood and oil of copaiba. The result obtained in these cases will be published at another time. It might be well to mention here that, for the purpose of irrigating the urethra completely, the Kiefer nozzle is not by any means all that could be desired. The blunt nose of the nozzle will not fit properly every meatus. On the other hand, it is very doubtful whether the urethra is irrigated to any great extent by its use, as it was observed in almost every case that the irrigating fluid would make a short circuit in the urethra from the point of entrance in the nozzle to the point of exit.

The best results were obtained from the use of a soft-rubber catheter several sizes smaller than the caliber of the urethra, allowing the solution to escape easily along the side.

* * *

Appendicitis.—Appendicitis and its treatment command a large share of the attention of surgeons at the present day and when Dr. Joseph D. Bryant relates some interesting cases of that disease with results of his wide experience they are worthy of more than a passing notice. In the *Journal of the American Medical Association*, he says that the results of experience constitute the only true guide to the wisdom and efficiency of any measure and after relating a number of cases on which he had operated, with comments on each case, he draws the following conclusions :

1. That prompt operation in the interval of attacks is an advisable and safe procedure.

2. That the physical characteristics of the local changes define quite clearly the situation of the appendix, and thus indicate with much certainty the prognosis of the case.

* * *

Vagino-Fixation.—The discussion of the technique and indications for vagino-fixation form the subject of a very practical paper by Dr. Hiram N. Vineberg in the *New York Medical Journal*, in which he thinks that the following conclusions are warranted :

1. Vagino-fixation is a safe operation.

2. It is not particularly difficult to perform.

3. The only special instrument required is a uterine sound of the proper shape and size.

4. The operation is indicated in mobile retroversions or retroflexions of the uterus that are attended with symptoms and which for one reason or another are unsuited for treatment by pessaries or tampons.

5. It is not attended with any untoward sequelæ.

6. It fixes the uterus in a position closely resembling that of the normal.

7. The results of the operation interfere in no way with the occurrence or course of gestation.

* * *

Ether Subcutaneously in Sciatica.—A very successful method of treating sciatica is by the hypodermic injection of sulphuric ether, one to two syringefuls used daily. The remedy is injected over the painful points. Cures have been reported in from four to seven days.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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SEE PUBLISHERS' DEPARTMENT, PAGE 169.

BALTIMORE, DECEMBER 15, 1894.

Malaria and the Eastern Shore.

It is hard to root out old opinions and ideas and therefore Dr. J. C. Clark has no easy task before him when he attempts to show that malaria is fast disappearing from the Eastern Shore of Maryland and that this region has a healthful and salubrious climate. But his figures must command respect, for they agree with former statements tending to prove that the malarial diseases are not so severe in that part of the country as they were about fifty years ago, or even less. Drainage and cultivation have done much towards clearing up the soil, cleaning off foul places and completely drying stagnant pools.

There is one sad aspect, however, to this whole change. The general hue and cry all over the country has been of late that we are in an alarmingly healthy condition and that many physicians have less to do this year than ever before, though the practitioner in malarial regions was congratulating himself that, whatever happened, his cases of intermittents, remittents, etc., would always occur with periodical regularity and his practice, for a season at least, would not be dull. But the results of laboratory work, which had so often been scoffed at by the so-called practical man who had no great faith in "germs," are beginning to inaugurate a new era in medicine, and sanitarians and hygienists are showing what prevention and precaution can do.

Antitoxines will rob the most feared diseases of their terrors, cleanliness and sunlight will prepare a poor soil for bacteria, and care in exercise and the use of food as medicine, as shown in the article by Dr. Schaeffer, will, all combined, lessen the mortality and morbidity statistics. In spite of all these facts, the physician still has his uses, and even if the medical colleges are turning out graduates faster than they can find occupation, the more general attention to the study of hygiene and more moderate use of drugs will work a not undesirable change.

If the large and fruitful region, so closely identified with malaria in its worst forms, can be freed from this stigma, if a regeneration through drainage and cultivation of its soil can be brought about, and if the inhabitants there as elsewhere will avoid exposure, using caution rather than quinine, there is no reason why malaria may not become a very rare disease on the Eastern Shore.

* * *

The Index Medicus.

As noted elsewhere in this issue, there is great danger that the Index Medicus will cease to be published if additional financial support cannot be obtained. It seems very remarkable that with the large number of physicians in the United States and many in neighboring countries, this invaluable publication has only three hundred paying subscribers, and through the munificence of the publisher, who has always been a friend of the profession, it has been published for many years at a loss. The number has reached such a low limit that unless five hundred new names can be obtained the only reference publication this country now possesses will be a thing of the past.

There is probably a very small proportion of the physicians of the United States who use this work of reference, but it is not easy to calculate the number who indirectly reap the benefits of research obtained only through the

Index Medicus. At least one medical society in Baltimore, and perhaps more, subscribed for several copies of this publication, more as a contribution than for any actual use, and if every medical society that could afford it would subscribe for at least two copies it would give some faint hope of the continuation of an indispensable work. The price may sound high as compared with other medical journals, but the character of the work and the time taken and expense incurred in bringing it out justify a large subscription price.

This appeal for such a need should not be disregarded, and every physician who has not lost interest in the literary side of medicine should give his share in his society by his vote to sustain it, or individually in keeping up this work.

* * *

Protection of the Public.

In many ways the physician can protect the public against dangers which it does not understand and even if a little humbugging is enjoyed by the most intelligent, certain imaginary evils and dangers should not be presented as facts. It is too often stated in the daily press generally in the form of a dispatch from a small town that some individual was buried in a trance and evidences later on proved conclusively that return to life in the grave had taken place, and horrible are the pictures drawn of this ghastly and ghostly occurence.

Several physicians in this country, and notably Dr. Charles W. Dulles of Philadelphia, have taken the pains to investigate every case of reported burial of the living and in no single instance was a case authenticated. On several occasions, no such person had ever lived in the place from which the telegram had been sent and in a few cases the reporter confessed that, acting on some vague rumor, he had telegraphed the account because he was short of news. The idea of death and burial presents horrors enough to many and has given one reason for the fostering of cremation, and therefore physicians as far as possible should always make it a point to contradict all such reports, even if apparently true.

Dr. J. F. Baldwin writes to the *Medical Examiner* referring to a case which he had investigated, with the usual result, and he adds that "in only one instance of those that he had investigated had he been able to find that the principal character in the drama had ever existed."

Such stories have a very injurious effect on nervous persons and the impossibility of the occurrence should be clearly explained. The process of embalming, which is now so universal, precludes any possibility of revivification.

* * *

Holmes and Thoroughness.

Edward Everett Hale, in writing on Oliver Wendell Holmes, observes that whatever he wrote was always characterized by thoroughness; it made no difference how easily the words ran in verse or how the prose had the appearance of being "dashed off," care and painstaking were always present in every bit of his work. One reason for this was that Holmes, in his late years especially, was never obliged to hurry in his composition, but undertook only what he could carry through, and this he did carefully.

Hale goes on to remark what perhaps almost every editor has noticed, that many an article has been sent to him as editor with the note that the writer had "dashed it off" and hopes it will be acceptable. He thinks this is gross injustice to the writer and an insult to the editor and the public. Nothing should be "dashed off" in a literary journal. The man who "dashes off" something for publication may have to wait months or years to see it published, if it ever does appear.

Many members of the medical profession prepare articles which have every appearance of having been "dashed off" and were it not for the editor's careful revision, changing expressions, too often correcting orthography, verifying references and looking out for quotations, especially from a foreign language, some articles would present a sorry appearance. Dr. Holmes had more time for literary work than the average physician who writes, but many a man who has something to say would do well to finish it, then put it aside for seasoning and after days, or perhaps weeks, bring it out, smooth off the rough passages and send it in as he would have it appear. It is the care and thoroughness that make a good article (perhaps trite and by no means new) not only very readable, but absolutely a literary treat.

MEDICAL ITEMS.

Diphtheria is epidemic at Yonkers, N. Y.

Georgia will soon have a medical law and an examining board.

The Health Commissioner of Baltimore is making war on the sweat-shops.

Dr. Henry L. Naylor and Miss Mary Mudge were married last week in Baltimore.

Dr. William T. Councilman and Miss Isabella Coolidge were married recently at Boston.

Dr. Charles Gilbert Chaddock has been made assistant editor of the *Medical Mirror* of St. Louis.

Dr. S. Groome Fisher of Woodstock, Baltimore County, and Miss Rosa Lee Williams were married last week.

The Hartford Hospital has received a bequest of $50,000 and the Manhattan Dispensary of New York, $100,000.

Dr. L. E. Neale has removed to 12 East Read Street, near Charles, "Brightley," Flat 1. Office hours 9 to 10 A. M., 3 to 4 P. M.

Dr. F. L. Sim, formerly editor of the *Memphis Medical Monthly* and a prominent physician of Memphis, died in that city last month.

A number of the staff of the *Canadian Medical Monthly* have withdrawn and will publish a monthly called the *Canadian Medical Review*.

Dr. Joseph M. Mathews of Louisville and editor of *Mathews' Medical Quarterly*, has been appointed President of the Kentucky State Board of Health.

The twentieth annual meeting of the Mississippi Valley Medical Association, held last month at Hot Springs, Arkansas, was an especially marked success.

Dr. Henry B. Thomas has removed his offices to the south-east corner of Lanvale and St. Paul Streets. Office hours: 8 to 10 A. M., 3 to 4 and 6 to 8 P. M. Telephone 2319.

The death is reported of Dr. Hazlett Cummins, a prominent physician of Wheeling, West Virginia, of diphtheria contracted from a patient on whom he was doing tracheotomy.

The publishers of *The Youth's Companion* have offered six prizes ranging from fifty to one hundred dollars each for the six best stories by physicians and based on incidents in a physician's life.

The Colorado Climatologist is the name of a new journal published monthly at Denver, Colorado, and edited by Drs. C. Manly and J. N. Hall, together with a list of collaborators.

Dr. D. Howell Robbins of Alexandria, Virginia, died in this city last week after a short illness. He was seventy-five years old and a member of the class of 1851 in the University of Maryland.

By the will of the late Dr. William Goodell of Philadelphia, the sum of $50,000 is donated to the Medical Department of the University of Pennsylvania. The College of Physicians will from the same source fall heir to $10,000.

It has become necessary to close two public and two parochial schools at Detroit, Michigan, owing to the rapid spread of the epidemic of diphtheria. About twenty cases a day are now reported among school children in that city.

Dr. Charles J. Dickinson of Baltimore, son of Dr. James A. Dickinson and a graduate last year of the College of Physicians and Surgeons in this city, died last Tuesday in his twenty-second year. Dr. Dickinson was also a graduate of pharmacy.

The death is announced of Dr. Levi Frey in his sixty-fifth year. Dr. Frey was one of the oldest and best known physicians of York County, Pennsylvania, was president of the Pennsylvania and Maryland Union Medical Society and a member of the County and State Societies. He was a graduate of a New York Medical College.

Dr. William P. Spratling, a graduate of the College of Physicians and Surgeons of Baltimore of the class of 1886, has been elected superintendent of the Craig Colony for Epileptics, in the State of New York. Dr. Spratling will visit the famous Colony for Epileptics at Bielefeld, Germany, before entering upon his duties at Craig Colony.

Dr. William Osler has been delegated by Dr. J. J. Chisolm to act as Chairman of the Committee of Arrangements for the meeting of the American Medical Association in Baltimore next spring. Dr. George H. Rohé is Secretary of the Committee and it is said that this will be one of the largest sessions ever held. Two special trains will be organized west of the Alleghanies.

WASHINGTON NOTES.

The action of the District Commissioners in selecting one of the most beautiful parts of Washington for a site for the contagious hospital has very justly been met with storms of disapproval on the part of the people.

It is with much regret that the death of Dr. John Mills Browne, Medical Director of the United States Navy, retired, is announced. Cerebral hemorrhage was the cause of his death. He died at his residence in this city on the 8th inst.

There has been formed an organization known as the Woman's Auxiliary, in connection with the Emergency Hospital. This Society consists of about seventy ladies, who will raise money for the Hospital and each one promises to contribute one dollar. They are also allowed to spend the money on the Hospital in whatever manner they think best. The Executive Committee consists of fifteen. Mrs. J. R. Hawley was elected President, Miss Aileen Bell, Secretary, and Mrs. James Kerr, Treasurer.

The Medical Society of the District of Columbia held its regular meeting on Wednesday night, Dr. S. C. Busey, the President, in the chair.

Discussion was continued on the specimens that were presented at the last meeting.

Dr. Bermann read a paper on Nasal Catarrh and its Treatment without the Galvanic Battery. Dr. Bryan read a paper on The Surgical Treatment of Chronic Suppurating Otitis Media and Dr. Acker on General Tuberculosis with Ulcerative Endocarditis, case and specimen.

The Society then adjourned.

The regular meeting of the Clinico-pathological Society took place on Tuesday night at the residence of Dr. Louis Molhall, Georgetown; the President, Dr. Sprigg, in the chair.

Dr. D. Olin Leech read a paper on Appendicitis and presented a specimen of an appendix. The paper was interesting and was made doubly so by the fact that the essayist had had two attacks of appendicitis himself. He declared that if he should have another, he would have the appendix removed.

The paper was discussed by Drs. Van Rensselaer, Snyder, Clark and others. Dr. Glazebrook, Coroner of the District, presented an appendix of a man who had died of asphyxia. Dr. Jaisohn had examined this specimen and thought it malignant.

PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending December 10, 1894.

First Lieutenant Madison M. Brewer, Assistant Surgeon, upon the expiration of his present leave of absence, will be relieved from duty at Fort Riley, Kansas, and will report for duty at Fort Keogh, Montana.

Leave of absence for four months on Surgeon's certificate of disability, with permission to leave the Department of Dakota, is granted First Lieutenant Alexander S. Porter, Assistant Surgeon.

Leave of absence for four months to take effect on or about January 30, 1895, with authority to go beyond the sea, is granted Captain Walter D. McCaw, Assistant Surgeon.

UNITED STATES NAVY.

Week ending December 8, 1894.

Medical Inspector G. A. Bright ordered to the Navy Yard, New York.

Surgeon S. H. Dickson detached from United States Receiving Ship "Dale" and await orders.

Surgeon Dwight Dickinson detached from the United States Receiving Ship "Richmond," and to the United States Ship "Minneapolis."

Passed Assistant Surgeon M. F. Gates detached from United States Receiving Ship "Richmond" and to the United States Ship "Minneapolis."

BOOK REVIEWS.

A COMPEND OF THE PRACTICE OF MEDICINE. By Daniel E. Hughes, M. D., Chief Resident Physician Philadelphia Hospital, etc. Fifth Physicians' Edition. Revised and Enlarged. Philadelphia: P. Blakiston, Son & Co., 1895. Pp. 568. Price $2.50.

The principal changes in this excellent compend besides a complete revision, is the addition of two sections; one on the skin and one on mental diseases. The latter is very brief. In every case the treatment is very thoroughly given. The method of examining the membranes or secretions of the throat in diphtheria in order to make a diagnosis is not mentioned. The work is very conveniently and durably bound for use.

THE MEDICAL NEWS VISITING LIST FOR 1895. Philadelphia: Lea Brothers & Co. 1894.

This is an excellent visiting list. It is well printed and durably bound and the printed

literature at the beginning is exceedingly good and practical and has evidently been revised recently. The section on therapeutic reminders is a happy thought which will help the man without a memory. The comparative thermometric scales will be found very useful for references.

REPRINTS, ETC., RECEIVED.

Iodoform Poisoning. By A. J. McCosh, M. D., etc. Reprint from the *New York Polyclinic.*

An Address on Appendicitis. By J. William White, M. D. Reprint from the *Therapeutic Gazette.*

Excision of Cancer of the Rectum. By Andrew J. McCosh, M. D., etc. Reprint from the *New York Medical Journal.*

The Treatment of Empyema, with Selected Cases. By J. William White, M. D., and Alfred C. Wood, M. D. Reprint from the *Therapeutic Gazette.*

Four Cases of Chronic Pulmonary Involvement, with Features of Special Interest. By E. R. Axtell, M. D., Denver, Colorado. Reprint from the *New York Medical Journal.*

The Bubo Plague in China, with a Brief Account of the Great Plague of London. By Burnside Foster, M. D. Reprint from the *Journal of the American Medical Association.*

Report of Four Cases of Brain Surgery. By Andrew J. McCosh, M. D., Visiting Surgeon, Presbyterian Hospital, etc. Reprint from the *American Journal of the Medical Sciences.*

Yellow Fever, the American Plague. Thorough Drainage and Municipal Cleanliness, the only Means of Insuring its Extinction. By J. C. LeHardy, M. D., Savannah, Ga. Reprint from the *Sanitarian.*

New Instruments. By S. S. Bishop, M. D., Professor of Otology in the Post-Graduate Medical School and Hospital, Chicago, Ill. Reprint from the *Journal of the American Medical Association.*

Two Cases Illustrating the Importance of Completely Emptying the Uterus immediately after Miscarriage; Operation for Abdominal Extra-Uterine Pregnancy and Removal of Fibroma of the Uterus. By Edward N. Ballard, M. D., Assistant Surgeon to Hospital for the Women of Maryland, Baltimore. Reprint from the *Medical News.*

CURRENT EDITORIAL COMMENT.

MATERNAL IMPRESSIONS.

Philadelphia Polyclinic.

THAT powerful perturbations of the maternal economy might injuriously affect the fetus seems in every way plausible. But of how the effects are produced, or what effects may in this way be produced, we know nothing.

DISEASES OF CHILDREN AS A SPECIALTY.

National Medical Review.

NO ONE unacquainted with the art of medicine or with the etiology of diseases in general can logically claim to making diseases of children any more than those of advanced age a specialty. Those who excel in such special lines simply excel from their superior general knowledge of medicine when taken as a whole.

SELF PROTECTION IN THE PROFESSION.

The Refractionist.

WE are entering upon an era when the physician, if not protected by associations properly, must protect himself. Most of our organizations, from our State associations down, through hospitals, dispensaries and boards of health, are managed by schools and cliques. As long as this continues the profession may expect to have the same lack of unanimity of feeling as pervades it at present.

CHARACTER.

Medical News.

A MAN who fleeces the public, and thus injures the reputation of the profession by charging fees farcically outrageous for inconsiderable operations needs to be incontinently squelched. * * The most successful physician is not he who has most patients and makes the most money, but he who most successfully cures disease. The best teacher is not necessarily he who talks the glibbest or who is the most "popular," but he who helps his pupils to learn the best and most accurate knowledge and who inspires them with the enthusiasm for knowledge and for the relief of human ills. * * In no way can we mold the future and make the world better for our children, freer from disease, than to encourage the formation of noble medical character by helping to office and by rewarding and consulting with those who are seeking to keep their characters pure and clean.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXII.—No. 10. BALTIMORE, DECEMBER 22, 1894. Whole No. 717

ORIGINAL ARTICLES.

NEPHRORRHAPHY FOR WANDERING KIDNEY.

Read at the Semi-Annual Meeting of the Medical and Chirurgical Faculty of Maryland, held at Cumberland, Md., Nov. 21 and 22, 1894.

By Robert W. Johnson, A. B., M. D.,
Professor of Principles and Practice of Surgery in the Baltimore Medical College.

In bringing a single case to the notice of the Society I must plead as an excuse neither the formidableness of the operation nor the urgency of the symptoms, but simply as a sort of a filip to the professional mind that such a lesion exists far more frequently than is generally supposed, and is more amenable to treatment than many more obscure ailments in that Pandora's box, the abdominal cavity.

It is estimated by observers, especially Edebohls, to whose scientific paper on movable kidney (*American Journal of the Medical Sciences*, April, 1893) I am much indebted, that the proportion of cases is almost one in five or six women presenting themselves to the gynecologist. Right here I could enter a protest against those grasping confrères who claim the female kidney as among their special preserves, and as a curious fact I could mention that the case I am now reporting escaped from their hands minus both ovaries, to fall into the hands of the general surgeon, with, I am glad to add, decided benefit to herself, and while I would not question my predecessor's acumen in diagnosis, I am persuaded that some of her ovarian pain was due to the kidney, which wandered pretty much where it pleased in the abdomen.

Indeed, reflex pain and obscure nervous symptoms are the suspicious characteristics of the affection, and we find put down in italics in a catalogue of discomforts incident to movable kidney, such intangible symptoms as digestive disturbances, general nervousness, epigastric pain, cardiac palpation, inability to sleep on left side, gastro-intestinal catarrh, cardialgia, pain left of median line, vertigo, backache, painful menstruation, increase of menstrual flow, polyuria, frequency of micturition, icterus, anemia; the greater part due possibly to the irritation of the solar plexus of the sympathetic which supplies all the abdominal and thoracic viscera from the traction and tension exerted on the filaments which nerve the kidney at home or abroad.

When we have such an aggregation of indefinite symptoms we may suspect and look for a wandering kidney with a fair chance of success. Acute paroxysms of pain with hydronephrosis due to the twisting of the kidney on the pedicle of vessels and ureter have been recorded. The above symptoms, taken in connection with the presence of a kidney-shaped tumor in an abnormal position and the absence on deep palpation, of the kidney on the affected side, lead to the certain diagnosis of wandering kidney, though mistakes have been made of distended gall bladder, phantom tumors, malignant disease of stomach.

As far as the diagnosis is concerned, there was no difficulty in my own case as there were the subjective symptoms

as above and the very sure physical sign of a kidney-shaped body floating around in the abdominal cavity. This, taken in connection with the fact that there was an aching void in the right loin, made the question, "What is it?" very easily answered and made me agree with Edebohls when he says, "a movable kidney is in my opinion the easiest of all intra-abdominal conditions to diagnosticate." Again her testimony showed that her ovaries had been removed and she further stated that an attempt had been made at that operation to corral the kidney. The flaccid walls of her abdomen made her an excellent subject for mapping out any abdominal organs without an anesthetic.

In regard to eliciting pain on pressure of the kidney I cannot say that there was any peculiar response as there is after ovarian or testicular pressure. If there was any pain it was just what might be expected from squeezing an internal organ.

There is some confusion among authors as to the terms used to describe wandering kidney. The Germans use "wandering" to cover both the floating or congenital mobile kidney with its mesonephron lying in the peritoneal cavity, as well as the movable kidney which is mobile in its fatty capsule and has no mesonephron. Authors vary, too, as to the importance of this distinction and inasmuch as the congenital floating kidney with its mesonephron is so rare, say 2 per cent., it seems a wise thing to follow Keen's example as well as that of the London Pathological Society and practically ignore this distinction.

The etiology of wandering kidney is very obscure. The normal kidney is slightly movable. The more common causes for displacement are the absorption of the fat which anchors the organ, through wasting disease, as consumption, or it may be due to violence of sudden exertion, as vomiting, tight lacing, displacement from pregnancy. The right kidney is the one most often affected and males are far less liable to it than females. Occasionally both kidneys are displaced. Moullin (Treatise on Surgery, page 952) attributes the frequency of the right side affection to downward pressure of the liver and the shortness of the left renal artery, but puts traumatism as the most prominent exciting cause. Agnew attributes it to muscular exertion. Of course the increased weight of a renal tumor will tend to displace the organ affected, as well as those rare cases of single kidney where one large one has the work of both to do.

"A kidney, once movable, never again becomes firmly fastened in its normal position except by operative interference" (Edebohls, loc. cit., page 259), so that dictum gives rather a gloomy prognosis for cure outside of surgical help. In cases when the mobility is due to absorption of perirenal fat, the rest cure with its return of adipose tissue has been thought to palliate the symptoms. Adhesions sometimes tether the organ in some abnormal position which does not often mean a complete restoration to health.

The question of prognosis naturally leads up to treatment. What shall we do with the wandering kidneys?

If we look at the surroundings from a common-sense standpoint and remember how slippery an organ the kidney is when not enclosed in the fatty capsule, we cannot help casting aside as useless all attempts to fix the kidney by means of pads and compresses. Any pressure, firm and concentrated enough over the abdominal cavity to fix the kidney, must interfere with the normal functions of other abdominal viscera, so I think we can dismiss such methods as worthy of the category of makeshifts, or class them among the placebos essential to the older surgeons who rightly dreaded septic infection in all their incisions. Indeed, it would require a surgical juggler to follow the wise printed directions "to fit the patient with an elastic abdominal belt reaching well down to the pelvis and Poupart's ligament with an air-pad over the displaced organ to hold it up and press it back into the loin." (Moullin, loc. cit., page 953.)

To expect the ordinary patient to maintain these conditions even if they be skillful enough to begin it is mani-

festly absurd. We must not err, however, in the other extreme. "If thy right hand offend thee cut it off and cast it from thee" is very good theology but in a science like surgery, where each step toward radicalism is marked by rational development, we do not jump at such heroic alternatives. So if thy right kidney float do not cut it out and cast it from thee but rather cast about for a more conservative course. Such a one we have in the very rational operation of nephrorrhaphy, or as some authors call it, nephropexy.

Linder in 1887 showed 25 per cent. of deaths after nephrectomy or removal of the kidney and only 5 per cent. in the less severe nephrorrhaphy. Keen showed only 3 per cent. of deaths in 134 cases. Besides its less severity, one reason for this sharp contrast between the operations is the fact that nephrorrhaphy is generally done by the lumbar incision which insures drainage and means less chance of infection than by the abdominal route. Moreover, it does not risk taking out the only kidney as nephrectomy has done in several instances of floating kidney. Successful stitching of both kidneys has been reported. The operation of nephrorrhaphy may be done as in the following case.

Miss M., aged 42 years, with previous history as mentioned above, was sent to bed one week before the operation in order to avoid the irritation incident to exercise. Having prepared the patient by purgatives so that the distended colon may not embarrass the operator, and taking all antiseptic precautions in regard to the locality of the wound, instruments, sutures, etc., the patient was put on her left side in Sim's position while under the influence of chloroform, preferred in this case on account of the traditional trouble of ether in kidney cases.

A competent assistant, Dr. Kirby, who had rendered himself familiar with the feeling of the kidney, knowing its size, etc., pushed it up from the left flank where it had floated, to its normal position in the right loin. Having traced very definitely the course of the twelfth rib, an important landmark to prevent opening the thoracic cavity, I made an incision four inches long, parallel to the rib, and one and a half inches below it, beginning two and a half inches from the vertebral spine. Cutting through the soft parts down to the perirenal fat, which was easily recognized (for so far, in fact during the whole operation, the patient lost hardly an ounce of blood), I divided the fat with my fingers and handle of the knife and was gratified to find at the bottom of my wound the errant kidney held firmly in place by my assistant. Hagedorn needles, armed with stout silk, were passed through the vertebral muscle, fascia, capsule and kidney substance a quarter of an inch from its convex edge, up through the fascia and muscle of the distal side of the wound.

Three such sutures were passed, but the central one cut through when I attempted to tighten it, showing how very friable the kidney substance is even when fortified by its capsule. The other two held satisfactorily. Another feature not contemplated was the breaking of a needle, leaving a portion of its point in the kidney substance, a course I thought more expedient than rummaging about in the kidney, trying to remove it. The sutures were securely tied, closing the middle of the wound over the kidney which formed the floor of the wound, when adhesions were expected to make it an integral part of the wound at an early date. The sutures were cut off close and the superficial wound was closed by numerous silk sutures except at its lower corner, where a loose suture was left untied over an iodoform gauze wick to secure drainage. Over all, the usual antiseptic dressing of protection and gauze was applied. The patient recovered nicely from the operation.

No shock of moment was noticed. Temperature chart shows you that there was scarcely any variation from the normal. She had some little nausea and pain in the lumbar region which a Dover's powder relieved. After forty-eight hours the drainage was removed, parts dusted with iodoform, dressing reapplied and not touched for two weeks, when superficial sutures were removed and the wound

required no further attention. Patient was kept in bed four weeks to enable the adhesions between kidney and wound surface to solidify, when she was allowed to get up and is now almost restored to health by a very simple and, if properly conducted, a comparatively harmless operation. The kidney can be detected firmly fixed in the right loin.

In closing, I would call your attention to the expediency of silk sutures rather than catgut, as they can be boiled and when aseptic do no harm; they are superior in staying powers to the animal suture. With silk sutures I deem the opening of the capsule to increase adhesions unnecessary, as they will retain the kidney almost unaided. They have the questionable possibility of acting as a foreign body in the kidney and becoming the center of incrustations, though I am inclined to think that the excreting function of the kidney is destroyed along the track of the suture by inflammation.

It has been clearly demonstrated that sutures through the fatty capsule or confined to the kidney capsule are not as satisfactory as when a portion of the kidney substance is included.

A REVIEW OF THE NEWER SYNTHETIC REMEDIES. THEIR CHEMISTRY, PHARMACY AND THERAPY.

PART III.

By Oswald L. Schreiner, Ph. G.,
Baltimore.

LACTOPHENIN.

In chemical constitution this compound is a lactic acid derivative of paraphenetidin and is therefore closely allied to phenacetine, the acetyl group in the latter being replaced by lactyl, the radical of lactic acid, thus :

PHENACETINE.	LACTOPHENIN.
C_6H_4—O.C_2H_5(4)	C_6H_4—O.C_2H_5(4)
—NH.C_2H_3O(1)	—NH.$C_3H_5O_2$(1)

Similar to phenacetine, it possesses the property of being split up into phenetidin and lactic acid by the action of acids or alkalies. Lactophenin is a colorless, odorless, crystalline powder, possessing a slight bitter taste, and melting at 117.5°-118° C. (242°-244.5° F.). According to Dr. Thoms it is soluble in 500 parts of cold and 55 parts of boiling water, and in 8.5 parts of alcohol, only slightly soluble in ether and petroleum-ether. Lactophenin responds to the general tests given for phenacetine, but gives in a cold saturated solution with bromine water, a turbidity which is, however, cleared up by the further addition of a larger volume of water.

Lactophenin, as well as phenacetine, may be detected in the urine of patients by the following tests. To the urine add two drops of hydrochloric acid and two drops of a one per cent. solution of sodium nitrite, and after mixing with this an aqueous alkaline solution of *a*-naphthol add a solution of sodium hydrate, when a beautiful red coloration will make its appearance. By acidulating with hydrochloric acid the liquid will change to violet. Boil another portion of the urine with one-fourth its volume of concentrated hydrochloric acid for some time, and after cooling, add several c.c. of a three per cent. solution of carbolic acid and several drops of chromic acid solution. After standing for awhile a red color will appear, which will be changed to a bluish-green by ammonia, gradually changing to green. Solution of ferric chloride produces in the urine a reddish-brown coloration, gradually increasing in intensity.

Lactophenin is still under therapeutical investigations, as it has but recently made its appearance. Schmiedeberg was the first to subject it to experiments upon animals and the results of his experiments were published in the *Berliner Klinische Wochenschrift*, 1894, No. 25.

He states that it produces a marked

fall in the artificially produced high temperature of animals. It lessens sensibility to pain and checks both voluntary and reflex activities. The respiration and circulation are not affected. Since these experiments on animals, von Jacksh, Jaquet, Gissler, Londowski and Strauss have employed it upon the human subject with asserted good results, and they comment in its favor. The latter reports two cases in which it produced eruption on the skin. Its general action is similar to phenacetine and it seems to possess no decided advantages over the latter drug.

Acetanilid-Antifebrine. — Synonyms, Phenylacetamide, Acetyl-phenylamine. When the amido-hydrogen in aniline is replaced by acetyl, C_2H_3O, the radical of acetic acid, acetanilid will be formed. The relation between aniline and acetanilid will be seen by glancing at the following formulas:

$$NH\text{—}\begin{matrix}C_6H_5\\H\end{matrix} \qquad NH\text{—}\begin{matrix}C_6H_5\\C_2H_3O\end{matrix}$$

ANILINE. ACETANILID.

Acetanilid is made by boiling together equal weights of glacial acetic acid and aniline in a flask connected with a reflux condenser for from 6 to 24 hours. The mixture is then distilled, the excess of acetic acid and aniline coming over before 295° C. (563° F.), and when this temperature is reached the acetanilid distils over and solidifies in the receiver. It is purified by dissolving in hot water, when, upon cooling the solution, the crystals will separate. It may also be purified by sublimation.

Acetanilid occurs as white, shining, silky laminæ, or as a white crystalline powder, odorless, having a greasy feeling to the touch and a slight burning taste. It melts at 113° C. (235.4° F.) and boils at 295° C. (563° F.); it is sparingly soluble in cold water, but soluble in 18 parts of boiling water, in alcohol, ether or chloroform. Acetanild is much more stable than antipyrine and but few incompatibilties have been pointed out. These are the mixture of acetanilid and antipyrine, which was mentioned under the latter, and in which no doubt the antipyrine is mostly at fault, and the reaction between sulphate of quinine and acetanilid by which slight effervescence takes place.

These reactions have as yet not been further investigated. With spirits of nitrous ether there is no immediate change, as is the case with antipyrine; but when in contact for several days a number of changes will occur. Aniline derivatives are mostly all affected by nitrous acid or nitrites; hence these changes are to be expected.

Acetanilid should be free from aniline or acetic acid. Aniline may be detected by adding to a mixture of acetanilid and water a solution of sodium hypobromite, when, if aniline be present, the mixture will become of an orange color and an orange-red precipitate will settle; if the sample be free from aniline only a yellowish color will be produced.

Free acetic acid may be detected by litmus or phenol phtalein, and acetone by ferric chloride, which should not affect the solution. Due to the use of aniline containing toluine in its manufacture, acettoluid is often found in the commercial article and may be detected by its property of reducing potassium permanganate; the acettoluid is oxidized to acetamide-benzoic acid. Pure acetanilid does not affect the potassium permanganate.

The United State Pharmacopeia of 1890, into which this compound has been introduced, gives the following tests for identification and purity: "On heating about 0.1 gm. of acetanilid with a few c.c. of concentrated solution (1 in 4) of potassium or sodium hydrate, the characteristic odor of aniline becomes noticeable. On now adding chloroform and again heating, the disagreeable odor of iso nitril (which is poisonous) is evolved.

On boiling 0.1 gm. of acetanilid for several minutes with 2 c.c. of hydrochloric acid, a clear solution results which when mixed with 3 c.c. of a 5 per cent. aqueous solution of carbolic acid, and afterwards with 5 c.c. of a filtered saturated solution of chlorinated lime (calx chlorata) acquires a brownish-red color, becoming blue upon supersaturation with ammonia.

A cold saturated, aqueous solution of

acetanilid added to ferric chloride T. S., should not effect the color of the latter (absence of aniline salts and various allied substances)." Other characteristic reactions are the formation of a yellow coloring substance with a beautiful moss-green fluorescence when heated for some time with an equal weight of zinc chloride. If 20 centigrams of acetanilid and 4 c.c. of concentrated sulphuric acid be heated together until the mixture becomes yellow, and a few drops of this then poured upon chlorine water in a test tube, a layer of beautiful dark-violet color is formed at the bottom, while the upper layer is bright green. Acetanilid may be distinquished from both exalgin and phenacetine in that, of the three substances, it alone forms a bromine compound, which is precipitated by bromine water from its aqueous solution.

Acetanilid was discovered in 1845 by Charles F. Gerhardt at Monpellier, France, and after being deemed useless for over a quarter of a century it was taken up by Prof. Kussmaul and several assistants and its effect upon the lower animals, and afterward on man, closely studied. Its wonderful medical virtues being thus brought to light, the remedy was put before the medical profession under a trade mark name, that of antifebrin.

Today acetanilid, or antifebrin, is perhaps better known and more extensively used than any other of the newer remedies. This remedy is probably one of the very best antipyretics and analgesics, being comparatively safe and prompt in action, *if properly used.* In the improper and indiscriminate use of the remedy lies its greatest danger and most of the reported cases may be traced to this cause. The general public has commenced to purchase it by the five cents' worth, taking such doses as they see fit. Almost every pharmacist and dealer in drugs puts up a headache powder or effervescent preparation consisting wholly or in part of acetanilid ; these he sells indiscriminately.

The proprietary medicine manufacturers are putting forth many mixtures of this chemical with other substances for physicians' use, often claiming them to be new chemicals possessed of extraordinary medicinal powers. From this indiscriminate use of the drug nothing short of unfavorable results can be expected, for power is power, and if wrongly used will harm. We must remember that acetanilid is a *powerful* drug and should be used accordingly. Large doses under unfavorable circumstances produce blueness of the mucous membranes, cyanosis, shortness of breath, dizziness, lassitude, paleness of the face, vomiting, sweating, unconsciousness, etc.

The blueness of the membranes is due to the formation of methemoglobin in the blood. Within the animal system the acetanilid appears to resolve itself into aniline and acetic acid, and the aniline then suffering oxidation is changed into paramidophenol, which combines with sulphuric acid and is eliminated as paramidophenol sulphate in the urine. It may be detected in the urine of patients by agitating it with chloroform, separating the chloroformic solution and evaporating; to the residue, while still warm, is added a little mercuric nitrate, when a green coloration will be displayed. This green substance is soluble in alcohol.

The symptoms of poisoning resemble those of aniline and should therefore be treated in the same manner as aniline poisoning. Its best antidote is belladonna, atropine or strophanthin hypodermically, diffusible stimulants, brandy, ammonia, etc. The depressing effects of acetanilid may be greatly overcome by giving it in whiskey, wine or benedictine. It produces profuse sweating and redness of the cheeks ; it diminishes pulse rate and distinctly increases arterial pressure. It is about three times as powerful as antipyrine and should therefore be given in smaller doses.

The antipyretic effect commences in about one hour after administration and lasts for several hours. In the healthy individual it produces no lowering in temperature ; but if he be in febrile condition a marked fall will occur. The general medical properties and uses of acetanilid are the same as those of antipyrine and the reader is referred to the

description of this drug (MARYLAND MEDICAL JOURNAL, Sept. 22, page 438). It has been used in all the diseases in which antipyrine and phenacetine have been employed, and what has been said of these remedies applies equally well to acetanilid. It was therefore considered useless to go further into detail.

SOCIETY REPORTS.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

SEMI-ANNUAL MEETING HELD AT CUMBERLAND, MD., NOVEMBER 21 AND 22, 1894.

FIRST DAY.

THE Medical and Chirurgical Faculty of Maryland convened in session in the Council Chamber of the City Hall of Cumberland at 10 A. M. After the address of welcome by Dr. J. M. Spear of Cumberland and the address by the President, Dr. R. W. Johnson,—

Dr. H. Salzer read a paper on DISTENSION OF THE STOMACH, outlining his method of testing the stomach contents in disease of that organ.

Dr. Wm. Osler thought that the method of Dr. Salzer was more pleasant than the one by the use of the stomach tube. He thought that the examination for movable kidney, as suggested by Dr. Salzer, was important. He generally found signs of dilatation of the stomach in neurasthenic patients, and palpable if not movable kidney, and it may be at times a floating kidney. He believed in the abdominal bandage after pregnancy, and it was important in preventing these troubles.

Dr. George J. Preston thought that all those who saw many cases of neurasthenia would be interested in this paper. It is a question how far the nervous condition affects the distension and how far it should be treated. In many cases that he had treated he had noticed diminished knee jerk.

Dr. E. M. Schaeffer would support what he said about the corset and absence of exercise. He thought the use of the corset was potent to do much harm, and exercise would correct many troubles, and he approved of the bicycle in certain cases.

Dr. Robert L. Randolph read a paper entitled SOME SUGGESTIONS AS TO THE TREATMENT OF WOUNDS INVOLVING AT THE SAME TIME THE LENS AND THE CILIARY REGION, and reported two cases in which he did not find it necessary to remove the eye, but took out the lens and one case got well, with some vision.

Dr. Harry Friedenwald read a paper on REMOVAL OF PARTICLES OF STEEL FROM THE INTERIOR OF THE EYE WITH A MAGNET, in which he related several cases successfully treated, showed the steel and magnet, and explained the manner of using it.

Dr. William H. Welch then made some remarks on THE DIAGNOSIS AND TREATMENT OF DIPHTHERIA.

Dr. James A. Steuart said this was a great advance; that health officers had sometimes difficulty in distinguishing dangerous from ordinary cases.

Dr. I. E. Atkinson thought that such practical steps should be taken in Maryland.

Dr. John N. Mackenzie had had great success in treating diphtheria with the dioxide or peroxide of hydrogen.

Dr. John Morris thought there should be no municipal or State control of this remedy, and referred to the poor vaccine matter furnished by the State of Maryland.

Dr. I. E. Atkinson said it was largely the fault of the profession that we did not get good vaccine matter. State and municipal duties had not been carried out. It is because the profession has not demanded it.

Dr. E. T. Duke defended the vaccine matter of Maryland and said as Health Officer of the city of Cumberland he had used it very successfully, and referred to an institution in which he had vaccinated fifty persons and forty-eight of them took.

After some discussion on the State and municipal control of the antitoxines by Drs. G. H. Carpenter, G. J. Preston, John Morris and Welch, the subject was closed.

Dr. G. H. Carpenter reported a CASE

OF PURPURA HEMORRHAGICA. (See page 139.)

Dr. W. J. Craigen read a paper entitled ELECTRICITY IN GYNECOLOGY, in which he reported several cases treated by electricity, spoke of the use of high currents and their dangers, and referred to the possibility of resuscitation after a severe electrical shock, as was suggested in New York.

Dr. Randolph Winslow reported TWO CASES OF GASTROSTOMY FOR CICATRICIAL STENOSIS OF THE PHARYNX AND ESOPHAGUS, in which he showed that the operation had saved life so far, and gave some promise in one case of ultimate recovery.

Dr. George J. Preston then read a paper entitled HYSTERICAL PYREXIA. (See page 133.)

Dr. William H. Welch said that the question of fever of central nervous origin was an important one with reference to the general theory of the origin of fever. He had noticed that in the cases of so-called hysterical fever there had often been reported remarkable variations in the distribution of heat, differences of several degrees having been observed between the temperatures taken at different parts of the body, particularly of surface temperature. He would ask Dr. Preston whether he had noted similar fluctuations and irregularities.

Dr. George J. Preston had noticed many of the points above alluded to. There may be the greatest differences between the temperature of the two sides of the body. The fever may be out of all proportion to the organic lesions and may be caused by hysteria.

Dr. William Osler then made some remarks on CHILLS AS A CAUSE OF ERROR IN DIAGNOSIS.

Chills differ very much in their etiology, but they may be divided into two main groups: 1, from some sudden shock to the nervous system; 2, from absorption of the toxic material formed by organisms. In the so-called nervous chill, fever is absent. In the second group, there is always fever. The first group need not detain us. The nervous chill is that met with in gall-stone colic or in the passage of a catheter. This initial chill is without fever, but subsequently there may be chills with fever due to infection.

The disease most often associated with chills is malarial fever and here the chill is of a characteristic kind so that the name, "chills and fever," is synonymous with malaria.

The two great diagnostic points in malaria are the invariable association of the plasmodium of Laveran and the invariable curative effects of quinine. These are the two special features of the malarial chill. It may be said that within forty-eight hours the chill will cease in genuine malaria if quinine be used. On the other hand, the paroxysms continue and under its use malaria may be excluded, except in a few cases of the autumnal malarial fevers, which may resist quinine for a few days, but these have not the same character of ordinary intermittents. He had not met a single instance of genuine malarial fever which quinine had not stopped.

Chills cause errors in diagnosis in various affections. In tuberculosis, the error may be made early or late in the disease, for it is at the two extremes of pulmonary tuberculosis that we have chills. These are a special feature of the early stages of tuberculosis. He had had many cases of early phthisis brought to him as malarial fever. Errors occur frequently in regions where paludism is common. Then there is the large group of septic processes with fever, such as abscess of the liver, which is a common cause of chills and fever in this latitude. There are very few cases of abscess of the liver which are not at first regarded as malarial fever and thus much valuable time is lost in the treatment. Malignant endocarditis is another disease which is ushered in by chills and which is often treated for malaria. A not frequent source of error is the chill following and associated with pleurisy of a tuberculous form and from empyema following the infectious diseases, as scarlet fever, etc., and following the formation of pus.

The chills in typhoid fever are of the greatest importance and have attracted attention for years. They occur in 2

and 3 per cent. of all cases. Very often the chill is due to the doctor's giving powerful antipyretics. I have seen a case is which chills and fever had followed a large dose of antifebrin. In certain affections of the urinary passages, and more especially pyelitis, chills occur which are often obscure. In chronic obstruction of the common duct by gallstones there is the condition called by Charcot hepatic intermittent fever, due to catarrhal cholangitis. In new growths of various kinds, as in cancer of the stomach, in Hodgkin's disease and lastly in syphilis, errors in the fever may be made. The important points in the diagnosis are in the use of quinine and in the examination of the blood.

Dr. John Neff reported a case of fever, in the course of typhoid fever, in which there was kidney complication with albumen and casts. The use of nitro-glycerine caused much improvement.

Dr. Harry Friedenwald referred to a case of otorrhea which had high fever, and which turned out to be due to a thrombosis of the lateral sinuses.

Dr. John Morris made some interesting references to the fevers of former days and the manner of treatment.

Dr. G. H. Carpenter spoke of having seen cases of tuberculosis with fever which he thought was malarial because it occurred in a malarial district. He also said he had seen a certain number of cases of fever in the course of typhoid fever which he called typho-malarial fever.

Dr. I. E. Atkinson referred to some obscure cases with fever, and said milk fever was a thing of the past as we now know it and was not due to the condition of the milk or the breasts. Septic fever occurred in the course of typhoid fever.

Dr. J. J. Wilson referred to a case of typhoid fever in his practice in which there were several chills and finally an abscess of the parotid gland developed.

Dr. William Osler was glad to hear Dr. Carpenter's remarks about typho-malarial fever. Many physicians treat ordinary cases of typhoid fever as malaria from beginning to end. There is no such disease as typho-malarial fever. The two diseases may exist concurrently. Quinine will cure malarial fever but it will not influence typhoid fever at all. Cases of so-called typho-malarial fever are typhoid and should be treated as such. Too many lives have been lost by neglect of this caution. In nearly four hundred cases of typhoid fever which have been treated at the Johns Hopkins Hospital, in no case had malaria co-existed.

Dr. I. E. Atkinson then read a paper entitled Blood-Letting for the Relief of Over-Distension of the Right Cavities of the Heart.

SECOND DAY.

Dr. Thomas A. Ashby read a paper entitled Treatment of Retro-Displacements of the Uterus, in which he reported several cases with the results of his treatment. He considered the subject under four heads: The congenital; the acquired forms without adhesions; the acquired varieties associated with inflammatory conditions of the tubes and ovaries; and those cases in which the tubes and ovaries are not involved to any extent but where the uterus is firmly attached to the pelvic peritoneum by firm bands of adhesions.

Dr. W. J. Craigen asked if he had ever had trouble with a hemorrhage after breaking up adhesions. It is not good to leave the uterus with a partially diseased stump after removal of the tubes and ovaries.

Dr. E. M. Schaeffer was glad to hear him speak of the use of massage and endorsed his reference to the corset as a potent disease-factor by preventing the proper exercise and development of the abdominal region.

Dr. Ashby had never had any trouble with hemorrhage after the operation if the blood-vessels are looked for and tied. He does not believe in removing the uterus unless it is diseased; then tie off the stump and disinfect it and do not remove more tissue than is absolutely necessary. This is a principle of surgery which should be followed in gynecology. Massage should always be tried first. He had seen return of the uterus to its normal position by manipulation. He

believes the corset is a cause of trouble, but can Dr. Schaeffer tell us how to avoid it?

Dr. R. W. Johnson then read a paper entitled WANDERING KIDNEY WITH REPORT OF A CASE OF NEPHRORRHAPHY. (See page 169.)

Dr. Ohr referred to cases in his practice, and spoke of the difficulty of making a diagnosis of floating kidney in stout persons.

Dr. R. W. Johnson would not advise removal of the kidney unless there was some good reason for it. He is in favor of conservative surgery and referred to removals of the vermiform appendix. He did not advise operation for hernia as long as the truss will retain the hernia and as long as the case is in a civilized region where trusses can be found and operations done in an emergency.

Dr. E. M. Schaeffer then made some OBSERVATIONS ON THE USE OF FOOD AS MEDICINE. (See page 151.)

Dr. E. N. Brush said that persons should be taught not only what good food is, but how to purchase it and how to cook it.

Dr. S. J. Fort said that he treated epilepsy and imbecility by giving the proper food.

Dr. W. B. Canfield said that while it was eminently proper to insist on nourishing food, many persons preferred to eat what they liked rather than what was good for them and in making a diet list, palatability should be considered. Many a person, sick or well, preferred a savory dish even if not so nourishing or digestible, and often its palatability made it more digestible in spite of chemistry and physiology to the contrary. The diet of rice as pointed out by Dr. Schaeffer may be very nourishing, but it was also constipating and not to be borne by many. He noticed that little reference was made to the use of sugar in food. He thought that the craving of children and some adults for candy was a natural one, and he did not think that good candy in moderate amount was injurious.

Dr. G. H. Carpenter said he knew more about cattle raising than he did about bringing up a healthy race and the former was much easier. He agreed with Dr. Canfield in what he said about palatability. It is important to gratify the appetite when no actual harm is done.

Dr. T. A. Ashby said that disease in woman was divided into two classes: that in the married and that in the unmarried. In the sterile woman the disease is generally from some defect formed in childhood. Then hygienic measures are important. About ninety per cent. of the diseases in child-bearing women are due to child-birth. Sexual selection is ideal and so are the charts which were here shown.

Dr. Schaeffer said in conclusion that rice constipated because it was so thoroughly digested that there was little residue. There is no waste as in other foods. Rice properly cooked formed a very palatable dish. The Chinese recognized the value of rice when they ate rice and butter.

Dr. E. N. Brush then read a paper on the TREATMENT OF INSOMNIA, in which he deplored the multiplication of hypnotics which had been encouraged by physicians so much of late, and spoke of natural methods as inducing sleep. He referred to baths, proper clothing and attention to general hygiene.

Dr. Schaeffer agreed with Dr. Brush and thinks that attention to food and drink will often take the place of drugs, as he had already shown in his paper.

Dr. S. J. Fort then read a paper entitled PSEUDARTHRITIS, in which he related cases of hysterical joint trouble simulating rheumatism.

Dr. William B. Canfield then read a paper on the THE TREATMENT OF PULMONARY CONSUMPTION IN LARGE CITIES, in which he referred to the great advances in the pathology of that disease and the failure to find a specific remedy. He said that cod-liver oil and tonics were still relied on in most cities. Outdoor life, equable climate, good food, comfortable clothing, slight occupation in some cases do more than drugs. With our present light the proper treatment of consumption in large cities, especially the incipient cases, was in small hospitals where each case could be studied.

Dr. H. Friedenwald then read a paper entitled SPRING CATARRH OF THE CONJUNCTIVA.

Dr. E. M. Schaeffer then read a paper on DIRTY AIR IN PUBLIC PLACES, in which he spoke of the necessity of good ventilation.

The papers by *Dr. George Thomas*, ILLUMINATION OF THE ACCESSORY NASAL CAVITIES, and by *Dr. J. T. Smith* on ACUTE PERICARDITIS, were read by title. The profession of Cumberland and vicinity were very cordial to the visiting physicians.

MEDICAL PROGRESS.

OPACITY AND LUXATION OF THE LENS.—Dr. L. L. Thompson of Indianapolis, in writing on some phases of opacity and on luxation of the crystalline lens, in the *Ophthalmic Review*, offers the following résumé :

1. Segmental opacities of the lower inner portions of the lens usually remain stationary for many years ; rarely do they cause blindness.

2. Annular opacity, or "arcus senilis lentis," is often met with in persons under thirty years of age. Women seem to be more subject to it than men ; it rarely passes beyond the periphery until after middle life, when it sometimes extends in the form of a minute speckled opacity of the whole anterior surface of the lens again becomes stationary, and seldom causes blindness.

3. Cataract is occasionally cured spontaneously by liquid degeneration within the capsule.

4. Congenital ectopia lentis is by no means a harmless anomaly. Its subjects are usually highly myopic, and have greatly reduced acuity of vision. It may cause loss of vision by glaucoma, and ultimately destroy the sight by luxation of the lens downward, thereby starting inflammatory action.

5. Spontaneous luxation downward of the cataractous lens of an elderly person often takes place. It gives temporary sight to the patient, but the end is usually suffering and loss of vision.

6. "Second sight" is a danger signal. It is not always caused by increase in the conjugate axis of the lens incident to incipient cataract. It is frequently present long before the faintest sign or symptom of cataract. It is often brought on by long continued congestion of the fundus (as seen by numerous minute floating particles in the vitreous humor) by a relaxed suspensory ligament, and by luxation of the lens forward.

* * *

STAPHYLOCOCCI AND ACUTE RHEUMATISM.—Sacaze (*British Medical Journal*) points out that in many cases of acute articular rheumatism it is possible to find, or obtain a history of, some lesion which may allow these organisms to pass into the circulation. This lesion may be some injury or an acute tonsillitis of marked severity. He brings forward several cases in support of his theory, and also quotes the researches of Saint-Germain, who found joint effusion as the result of the intravenous injection of cultures of staphylococci of feeble virulence. In the fluid in these cases no organisms were found, as is frequently the case in acute rheumatism. On the other hand, Bouchard and Charrin are quoted as having found large numbers of staphylococci in the serous effusion from the joints of patients suffering from rheumatism.

* * *

CAUSE OF DEATH IN SKIN BURNS.—Kianicine (*International Medical Magazine*) has made some experiments to determine the presence of a ptomaine in the blood of animals affected with burns of large extent. In thirty-five experiments the ptomaines were found both in the blood and in the organs, while the blood of healthy animals, prepared in identically the same manner, did not contain this ptomaine. The method of Stas-Otto was employed in the same manner as is done by Brieger for preparing the peptotoxine. Extraction is accomplished at a temperature of 80° C. (176° F.), with alcohol, evaporation, and the digestion of the remainder with amyl alcohol. Next, evaporation to dryness, dissolving the product in water, and purification by means of the subacetate of lead, by the use of sulphurretted hydrogen ; and finally a purification by means of ether.

This poison develops only in animals burned or scalded, and is not a product of chemical manipulation. Some special reactions are given for it in the paper.

* * *

Pressure Palsy from Stilts.—Bergonié and Berdier (*British Medical Journal*) report a case of paralysis from pressure on the right anterior tibial nerve, just below the division of the external popliteal nerve into its anterior tibial and peroneal branches. The tibialis anticus and the extensors of the toes and the great toe were the muscles affected. The peronei had escaped. The patient lived in the marshy districts near Bordeaux, where the use of stilts is common, and walked several miles daily upon them. The stilt was buckled round the upper part of the leg by a stout leathern strap, and beneath the strap he wore a pad of leather. It was this pad which had compressed the nerve. On the left side the pad fitted better, and the nerve had escaped injury.

* * *

Antitoxine in Diphtheria.—Dr. Francis H. Williams, in quoting in the *Boston Medical and Surgical Journal*, from a French writer on antitoxine, says: Antitoxine has as yet been little used in this country; but from the Continent, where it has been employed in large numbers of cases, we have very favorable reports. My own experience includes thus far only a few cases. It is probable that the antitoxine will find its chief usefulness in the early rather than in the late stages of the disease. There are three makes of antitoxine, Behring's, Aronson's and Roux's. The latter has not reached this country yet so far as I am aware: Behring's solution is made in three strengths, No. 3 being two and a half times as strong as No. 1. His solutions will keep several months if put in a cool, dark place. For making the injections Behring recommends the use of a Koch's syringe, which will hold ten cubic contimeters. The injection should be made where the skin is loose, as on the chest or thigh, and not upon parts of the body where the patient would lie. Scrupulous care should be taken to have the syringe perfectly clean, and the skin should be carefully cleansed at the place where the injection is to be made.

* * *

Pharyngotherapy.—Heller (*British Medical Journal*) advocates this treatment in many of the infective diseases. It consists in washing out the nose and nasopharynx with water which has been previously boiled, or with sterilized saline solution. This is done with a caoutchouc bag, having a suitable nozzle. Two or three injections are given on each side. If the fluid is injected very gently and slowly, as it always should be, there is no danger of damage to the ears. The author believes that most of the infective diseases are inhalation diseases, the first localization being in the upper air passages from which the generalization occurs. The diseases in which the author, during many years, has found this treatment useful are diphtheria, whooping-cough, scarlet fever, measles, variola, even typhoid fever, and acute rheumatism, etc. He contends that it has a distinct expectorant effect.

* * *

A New Catheter for Use in Suprapubic Cystotomy.—Englisch describes (*British Medical Journal*) an instrument devised for overcoming two accidents that may occur during the performance of suprapubic cystotomy. In cases in which there is much vesical irritability the bladder as soon as it is opened may discharge most of its fluid contents, and sink behind the symphysis, whence it cannot be elevated by a sound or catheter without risk of lacerating its walls. In most cases in which cystotomy is indicated the urine is decomposed and infected, and, although the bladder itself may be washed out and its contents purified in some cases, it is impossible to disinfect any foul urine that might descend from the kidney in the course of the operation. Hence there is always a risk of the external wound being infected when the bladder is opened and its fluid contents discharged. The instrument described by the author is a curved catheter with a wide opening extending along the concavity of its curve, through

which a continuous stream of some disinfectant solution can be passed during the operation. Any foul urine or secretion from the bladder or urinary passages may thus be washed away, and the raw surfaces of the wound in the abdominal wall rendered quite clean. By this instrument the danger of overdistension and consequent rupture of the bladder may be prevented. The author states that, according to his experience, the use of the rectal bag is unnecessary in suprapubic cystotomy.

* * *

Cocaine Poisoning.—The danger of injecting strong solutions of cocaine into the mucous surfaces of the urethra or anus is illustrated in a case reported by Dr. Irving Miller of Baltimore in the *New York Medical Journal.* In an operation for external hemorrhoids, he injected one grain in solution into the pile, clamped, ablated and applied the actual cautery to the stump. In about fifteen minutes, while his attention was turned elsewhere, the woman showed signs of fatal syncope and it was only by the use of presence of mind and strong stimulants that he succeeded in restoring her to consciousness. These occurrences are only occasional, but too much care cannot be taken in such small operations.

* * *

Pastilles in Preventing Diphtheritic Infection.—When diphtheria occurs in a house or neighborhood much can be done to protect those exposed to infection. Dr. A. Rose suggests in the *Medical Record* the use of pastilles as a substitute for gargling to prevent diphtheritic infection. He thinks that gargling is an illusory measure as far as disinfection of the pharynx is concerned. As a substitute he proposes pastilles to be given to children in one of these forms :

℞.—Resinæ guaiaci. . gr. xii
Saccharine. . . . gr. $\frac{1}{7}$
Sacchari et succi liquiritiæ. gr. xii

℞.—Thymol. . . gr. $\frac{1}{32}$
Sodii benzoat. . . gr. $\frac{1}{8}$
Saccharine. . . . gr. $\frac{1}{4}$
And some gum-like constituent.

Treatment of Typhoid Fever.—Dr. Charles W. Dulles says, in the *Medical News*, that the principles of the treatment of typhoid fever may be summarized, as consisting in : first, careful maintenance of the natural processes of excretion ; second, the judicious administration of food—finding a mean between starvation and overloading the alimentary canal ; third, moderate regulation of temperature ; and, fourth, medication reduced to the lowest possible point and shaped to meet definite indications.

* * *

Treatment of Whooping-Cough.—Dr. G. Variot (*Medical and Surgical Reporter*) has obtained notable advantages in the treatment of pertussis by the administration three times a day, in a little sweetened milk, of a teaspoonful of the following :

℞.—Aq. dest. . . . 8 ounces.
Potasssii bromidi . 2 drachms.
Tinct. valerian . . 2 drachms.

In children below two years a teaspoonful will suffice. An hour after this dose he gives a teaspoonful of the syrup of turpentine. The turpentine acts as a balsamic and the other drugs as antispasmodics. The presence of rales in the chest indicates ipecac in the powder form, a dose every morning to favor expectoration. Keep the child in the open air while there are no serious bronchopulmonary symptoms. As a diet keep the child on albuminoids and meat, eggs, raw meat, extract of beef, etc., to which may be added some tonic, as wine of cinchona or the syrup of the lactophosphate of lime.

* * *

Indian Hemp for Headache.—Mackenzie (*Philadelphia Polyclinic*) has found this drug a specific for a certain type of headache. This type is continuous or nearly continuous, lasting weeks or even years, usually dull, but liable to become aggravated, and felt over the whole head. For this condition he gives one-fourth to one-half of a grain of the extract in pill morning and evening. If the case proves rebellious he gradually increases the dose.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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SEE PUBLISHERS' DEPARTMENT, PAGE 187.

BALTIMORE, DECEMBER 22, 1894.

Diploma Traffic.

THERE is no royal road to learning, but there seem to be many opportunities for making short cuts to professional degrees. The following letter, which was addressed to the dean of a Baltimore medical school, is a sample of what medical schools all over the country receive from time to time, and although the writer fell into the wrong hands this time, he may be successful in obtaining his degree if he persists. The letter reads as follows:

"Nov. 17th 1894

All Corrospondence Confidential

Dr.————————, Dean

Dear Sir

I have bin in a Medecine Buisnis for the past 5 years. I am the Prof. of —— Med. Co of ———. I desire to git a Diploma. so i may take up a Practice in some Place.—therefore would like to no of you, what the total expence would be for one. and how long of time it would requier to git one. to shorter the time to better it would please me. yours in Honer & Confidence."

With this effusion there is a poster which says that "———————— the sick man's friend will be in your city for a few days only" and relates the various diseases that will be treated, promising that charges are reasonable and cures guaranteed, and adding that "most diseases are told by looking at your face."

This is a sample of the many quacks who, by pretending to cure, cheat the public and degrade a noble profession, and yet few States will take the interest to frame, enact and enforce laws which will prove thoroughly protective and which will stand the test in any court of justice.

Such protection is not for the profession, for the more quacks there are in the world, the more harm is done and hence the more work for respectable physicians to do; but it is the public which the profession seeks to protect, and State and national laws should be strong enough and broad enough to punish all offenders—the schools that sell diplomas (for they undoubtedly exist), the persons who falsely use bought diplomas and all connected with this diploma traffic.

* * *

Disease in Season.

WITH the approach of winter, there is usually a change in the kind of disease most prevalent. One, two and three months ago typhoid fever was prevailing extensively and the number of cases in Baltimore and Maryland was so great that investigations were made with the hope of finding the cause and removing it.

Now, however, whether the cause or causes have been found or not, the disease is beginning to disappear and its successor, pneumonia, is appearing.

Pneumonia is commonly supposed to be a disease of the coldest weather and is usually attributed to "taking cold," and even though it is generally believed to be caused by a specific organism or possibly by a mixed infection, yet the effects of cold and damp weather cannot be left out of account. For the month of November there were many cases of pneumonia and yet the weather was by no means cold, although very damp and chilly at times.

As is usual with pneumonia, cases continue all the winter, increasing in number and frequency each month until April or May, when

the disease suddenly passes away and it is then almost impossible to find a case of acute croupous pneumonia. Typhoid fever is a preventable disease which in the majority of cases is due to carelessness or ignorance; while pneumonia is an infection which no one can foresee.

The profession gropes around after some specific for this disease and in many cases with no existing complications the patient dies or recovers with little or no regard to the treatment. There is one marked fact in connection with pneumonia, and that is that the habitual drinker always has a hard time in this affection and often loses in the struggle.

* * *

A National Board of Health.

THE message of President Cleveland contained some very encouraging words urging on Congress the importance of establishing a National Board of Health. This subject was very thoroughly discussed during the last session of Congress and now medical journals throughout the country are thrashing over the same subject again.

Mere talk amounts to little with a bill before Congress. As has been done before, a delegation should visit Washington and some good practical attempts should be made to have the subject brought up and considered. In dealing with Congress methods to which members of that body are accustomed should be used and physicians with some political experience and tact should be given charge of the bill. The fear of an epidemic might be a very good stimulus to action.

* * *

Aborted Diseases.

IT is well not to put too much faith in the physician who presents a large record of aborted cases. There are certain ailments which run a distinct course and which will not be influenced by medication. In such diseases it is the physician's guiding hand and skilful eye, together with the nurse's constant attention, that prove the effective means of bringing about recovery. Thus cure is not effected by cutting short the disease so much as by looking out for and keeping off complications.

Sensational physicians boast of having just been called in the nick of time or say that had they been summoned a day sooner the case would have recovered. These are they who claim to cut off an attack of typhoid fever in a week or cure pneumonia in a day.

However much progress we have made in medicine, there are few diseases which can be shortened in their course, except by death. Malaria usually yields to quinine and can certainly be checked in this way sooner than if no quinine were given. But an ordinary attack of syphilis cannot, as a rule, be prevented from passing through the various stages, although anti-syphilitic remedies usually cure this disease in time.

When a physician boasts of having cured diseases which are not usually aborted, it may be safely laid down that he has called malaria, typhoid; a simple angina, diphtheria; and by a wrong diagnosis has imposed on his patients.

* * *

American Medical Association.

THE Committee of Arrangements for the entertainment of the members of the American Medical Association, which meets in Baltimore next May, have already come together and are taking steps to provide ample quarters for the large number of physicians in that organization, and for the places of meeting of the various sections and the form of diversions to be offered. The handling of such a large body of men requires a great deal of executive ability and every physician of this city and State should feel a personal pride in giving this body a warm reception and in extending to them freely and willingly the hand of fellowship and hospitality.

* * *

Antitoxine and Antitoxin.

THE English journals are calling attention to the fact of the varied spelling of these two words. There has been some attempt made to secure a uniformity of spelling words ending like these and one of the chemical associations recommended the dropping of the final "e" which some of the more pronounced spelling reformers have adopted together with other extreme changes. There is an antipyretic called antitoxine and it is claimed that there will necessarily arise confusion, but the antipyretic is a powder and is a proprietary article made by one firm and probably few have heard of it. The standard dictionaries give the final vowel to these words and as long as there is no Academy to fix a standard of spelling, the better lexicographers should be followed.

MEDICAL ITEMS.

Dr. Klebs has been traveling in this country.

There is a scarcity of physicians in the Chinese army.

Dr. Georg Fischer will shortly edit the letters of Billroth.

As was predicted, spurious antitoxine is already on the market.

The health officer of Cleveland is making war against the smoke nuisance of that city.

Boston has barrels stationed about the streets at convenient points and into them all street refuse is put.

Dr. George W. Fitz has been appointed sanitary inspector and health officer for Harvard University.

One result of the Lexow investigation will be the great reduction in the number of professional abortionists in New York.

It is proposed to erect a bronze statue to Charcot. The New York Neurological Society will receive contributions in this country.

Teratalogia is the name of a new quarterly journal devoted to "ante-natal pathology." It is edited by Dr. J. W. Ballantyne of London.

The first volume of the Transactions of the Eleventh International Medical Congress has been printed and is almost ready for distribution.

General R. G. Dryenfurth, the well-known "rainmaker," is said to be a graduate of the College of Physicians and Surgeons of Baltimore.

Congress will be asked to appoint a National Diphtheria Commission to investigate the antitoxine treatment and report on the same at an early date.

A dispensing chemist of Paris not only rereceived a fine but was obliged to pay an indemnity of $400 to a person for whom he had prescribed over the counter with disastrous results.

The publishers of the *Index Medicus* make an appeal to the general profession to support that valuable publication, which will have to be discontinued with this issue if more subscribers cannot be obtained.

One of the newest journals in the field is the *Journal of Medicine and Science*, the official organ of the Maine Academy of Medicine. It is edited by Drs. E. E. Holt and J. A. Spalding and is published at Portland, Maine.

Dr. Arpad G. Gerster of New York has had the Knight's Cross of the Order of Francis Joseph conferred on him by the Emperor of Austria, for philanthropic work in connection with Hungarian emigrants.

Mithridates, King of Pontus, 124 B. C., made himself proof against poisons by a system of graduated dosage, and as a result of his work he is said to have hit upon a universal antidote analogous to the modern serotheraphy.

The *New York Herald* has already raised about three thousand dollars to supply the poor with diphtheria antitoxine. The public press had better leave such things alone until more definite and certain results have been obtained.

The British Medical Journal is authority for the statement that Dr. Conan Doyle has had some amusing experiences while lecturing in this country. He is said to have been introduced in Chicago as "Canon" Doyle and requested to ask a blessing at meals and banquets and to officiate in various pulpits and the mayor of that city is said to have offered him a position on the detective force. Some correspondent has evidently been chafing our ponderous and credulous contemporary of the insular continent.

The attention of State and local health authorities is invited to the report of Passed Assistant Surgeon J. J. Kinyoun, upon the antitoxine treatment of diphtheria. Dr. Kinyoun has recently returned from Paris and Berlin after a period of observation in the laboratories and hospitals of said cities, where he familiarized himself with all the details of the preparation of the toxines, animal immunization, preparation of the antitoxic serum, and application of the remedy. For the purpose of giving to others the benefit of his experience, the laboratory is now open to a limited number of duly accredited representatives of State or local boards of health who may wish to familiarize themselves with all matters pertaining to this subject as demonstrated by Passed Assistant Surgeon Kinyoun. Communications should be addressed to the Surgeon-General of the Marine Hospital Service.

WASHINGTON NOTES.

At the last meeting of the Washington Obstetrical and Gynecological Society, the paper of the evening was entitled Puerperal Tetanus. Dr. A. F. A. King was referee and Dr. J. Foster Scott was co-referee. It was liberally discussed by Drs. H. L. E. Johnson, S. S. Adams, George Byrd Harrison and others.

Dr. H. L. E. Johnson presented a specimen of ovarian tumor removed a few days before, and also another specimen of uterine polypus about the size of a small orange.

The regular monthly meeting of the Board of Directors of the Central Dispensary and Emergency Hospital was held on Friday, the President, Mr. B. H. Warner, in the chair. The plan of enlarging the Hospital was discussed at length, without anything definite being arrived at.

The small-pox hospital has at last been closed, all the patients having been discharged. Dr. Nevitt, who, at great risk to himself, has stayed there and been in constant attendance on those unfortunate patients, left also and only the janitor remains.

The general health of the city has improved very much during the last week. Only 89 deaths against 114 for the same period of time last year. There is marked falling off in typhoid fever and also the contagious diseases.

The regular meeting of the Medical Society of the District of Columbia was held on Wednesday night, Dr. S. C. Busey, the President, in the chair.

It was moved and carried, to invite Dr. Wm. P. Mason of the Rensselaer Polytechnic Institute of Troy, N. Y., to read a paper before the Society, on January 30, 1895, on the result of his investigations of the water supply of foreign cities.

Dr. G. N. Acker presented the specimen and reported the case of Malignant Disease of the Spleen. The spleen was that of a colored child, was very movable and could be felt all over the abdomen. The spleen weighed 52 ounces and the liver 48 ounces. The discussion was opened by Dr. Reed of the Army Medical Museum. He had examined thoroughly the different viscera and pronounced it Hodgkin's Disease.

Dr. J. Ford Thompson reported a case and presented the brain of a hydrocephalic child. One peculiarity of this case was that the fontanelles were all closed. The child was subject to numerous convulsions. Trephining was performed but the convulsions continued.

Dr. J. H. Bryan read the paper of the evening on The Surgical Treatment of Chronic Suppurating Otitis Media. The discussion was opened by Dr. Belt. Drs. Richardson, Wilmer, Burnett, Bermann and many others also discussed the paper. The meeting then adjourned.

PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending December 17, 1894.

The leave of absence granted Captain Eugene L. Swift, Assistant Surgeon, is further extended two months.

First Lieutenant Charles E. B. Flagg, Assistant Surgeon, now on duty at Angel Island, California, will report in person at Fort Townsend, Washington, for temporary duty at that post.

Captain Euclid B. Frick, Assistant Surgeon, is granted leave of absence for four months.

UNITED STATES NAVY.

Week ending December 15, 1894.

Passed Assistant Surgeon M. R. Pigott from Chelsea Hospital and to Mare Island Hospital.

Passed Assistant Surgeon S. G. Evans from Mare Island Hospital and to the United States Ship "Pinta."

UNITED STATES MARINE SERVICE.

Fifteen days ending December 15, 1894.

G. W. Stoner, Surgeon, granted leave of absence for twenty-two days. December 10, 1894.

M. J. Rosenau, Passed Assistant Surgeon, to report at Bureau for special temporary duty. December 10, 1894.

BOOK REVIEWS.

OBSTETRIC SURGERY. By Egbert H. Grandin, M. D., Obstetric Surgeon to the New York Maternity Hospital, etc.; and George W. Jarman, M. D., Obstetric Surgeon to the New York Maternity Hospital, etc.; with Eighty-five Illustrations in the Text and Fifteen full-page Photographic Plates. Royal Octavo, 220 Pages. Extra Cloth, $2.50, net. Philadelphia: The F. A. Davis Co., Publishers. 1894.

The general profession is indebted to the authors for presenting them with a work which fills a marked need in that it presents in a concise form the most recent conceptions as to the operative portion of obstetrics. The authors are to be congratulated for insisting so strongly upon the absolute necessity for asepsis and careful pelvimetry; for in most text books these subjects are considered in a very perfunctory fashion, and are not insisted upon as the foundation for successful and conscientious obstetrical work. The chapters upon the usual obstetrical operations are very good and leave little to be desired; and the views as to the treatment of puerperal sepsis are to be especially commended.

While the general aim and contents are to be commended, it is apparent that the book was written in considerable haste, whereby its English suffered severely. Numerous newly coined terms were introduced as, for example, "septicizing" the patient and "a-septicizing" one's hands, which should be as strongly criticised as the employment of the newspaper terms "burglarize," etc. Throughout the entire work Baudelocque's name is misspelt Beaudelocque.

The value of the work would have been considerably increased had the pelvic measurements been given in centimeters as well as inches, as it is difficult to be constantly calculating in order to compare the authors' statements with those of Continental writers.

The book is profusely illustrated and contains large numbers of full-page photographs illustrating various operations. In many, the operators are very prominent, while some are apparently intended solely for presenting likenesses of the operators to the general public. To us, this feature of medical advertising cannot be too strongly reprehended.

REPRINTS, ETC., RECEIVED.

Physiological Bread. A Contribution to the Simplification of Therapeutics. By Julius Hensel, Physiological Chemist. Philadelphia: A. J. Tafel. 1894. Pp. 24. Price, 15 cents.

Celiotomy for Bilateral Pyosalpinx, followed Four Days later by Appendicitis; Operation, Recovery. A Case of Bilateral Ovarian Fibrosarcoma. By Frederick H. Wiggin, M. D., of New York. Reprint from the *New York Medical Journal.*

CURRENT EDITORIAL COMMENT.

TAKE A REST.

The Medical Examiner.

Long continued application to any business, like the constant dropping of water, is very wearing and will result in the inevitable feeling of fag. A person cannot live on one article of diet for any length of time; he will get dyspepsia.

FOOT-BALL.

New York Medical Journal.

As regards the alleged brutality of the game, whether essential or incidental, the question of its repression must be solved by the college faculties, the boys themselves, and their parents; it is not one that they will look to the medical profession to assist them in settling.

PRESCRIPTION WRITING.

Boston Medical and Surgical Journal.

It cannot be denied that in many of our medical schools, and even some where the standard of instruction in other departments is most commendable, the teaching of therapeutics, of prescription making, of the importance of writing legibly—in a word, of theoretical and of applied therapeutics—is not only comparatively but positively neglected.

THE IDEAL IN MEDICINE.

New York State Medical Reporter.

The difference between an ideal and its realization confronts us in every relation of life, but is most apparent in those callings in which a high standard of ideals is a necessary postulate of the successful prosecution of an otherwise not too pleasant or too profitable series of duties. Nowhere is such a high ideal standard more necessary than in the practice of medicine.

TUBERCULOUS MEAT.

The Lancet.

There can be no doubt whatever that a very large amount of meat from animals which have been more or less affected with tuberculosis finds its way to market and is sold as food. This will always be the case so long as the disease exists unrecognized or unnoted among herds of cattle and in cowsheds, and also so long as cattle are killed and dressed in private slaughter-houses without adequate supervision and inspection.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXII.—No. 11. BALTIMORE, DECEMBER 29, 1894. WHOLE No. 718

ORIGINAL ARTICLES.

BLOOD-LETTING IN OVER-DISTENSION OF THE RIGHT HEART.

READ AT THE SEMI-ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT CUMBERLAND, MD., NOV. 21 AND 22, 1894.

By I. E. Atkinson, M. D.,

Professor of Materia Medica and Therapeutics, Clinical Medicine and Dermatology, University of Maryland, Baltimore.

IT is not difficult to understand the reaction against blood-letting that has marked the second half of the present century. The extravagant use of it into which many of its advocates were led during the first half inevitably led to such a result.

For ages it had been the chief therapeutic resort of the physician and controversies concerning it related rather to detail than to principle. For example, at one time the medical world was divided in opinion whether the blood should be taken from the painful side or the opposite. The Emperor Charles IX was appealed to, but before he delivered his judgment he was bled for pleurisy and died; and his death was ascribed to the blood having been drawn from the wrong side. (Anthony Todd Thompson, Materia Medica and Therapeutics, 1832, Vol. I, page 446.)

Thompson, writing in 1832, says that he has seen from 30 to 35 ounces of blood abstracted every eight hours until 140 ounces had been lost within forty-eight hours, with decided advantage in pneumonia. Marshall Hall in his "Researches on the Effects of Loss of Blood" wrote, "When you have bled in inflammation to such an extent that you are doubtful, owing to the persistence of the symptoms, whether you should bled again, bleed." Such opinions abounded in the medical literature of the time.

It is not my purpose to inquire here whether we of the present have not been equally in error in almost completely rejecting the accumulated experience of generations of trained men. It may be that in our nearly universal abandonment of the lancet in inflammatory diseases we have neglected a valuable therapeutic measure. In this paper I desire to speak of a phase of blood-letting in which it is of the highest, at times, of life-saving usefulness. I refer to the mechanical relief to be afforded by the abstraction of blood in cases where the right side of the heart becomes engorged and over-distended in consequence of increased obstruction to the flow of blood through the lungs or left side of the heart, a condition not rarely observed in intense bronchitis, especially when complicating emphysema, in pulmonary edema and in incompetence of the mitral valve or stenosis of the mitral orifice.

It is not suggested, however, that all cases of this character are to be benefited by this procedure. In ordinary mitral disease, for example, as hypertrophy gradually yields to dilatation and

degeneration of the cardiac muscle, engorgement and dilatation of the right heart inevitably ensues and sooner or later becomes extreme. In such cases, venesection may entirely fail to afford relief, because the weakened and degenerated ventricular wall will have become quite incompetent to avail itself of the assistance offered it.

The conditions are quite different, however, when a dilated and weakened though still competent right ventricle becomes over-distended by a sudden increase in the resistance to its systole, through a rapidly developing intense bronchitis in an emphysematous patient, or an onset of pulmonary edema or a violent overtaxing of the powers of the left ventricle. Here the right ventricle becomes within a short time greatly over-distended and quite incompetent to overcome the resistance in front so as to empty its chamber. Its suddenly developed feebleness is out of proportion to that of the other ventricle. The blood supply to the arteries is diminished, while the whole venous system becomes surcharged with blood. Characteristic symptoms quickly appear. The ventricular systole becomes enormously increased in frequency but diminished in force. Arterial anemia is shown by the frequent, compressible, unequal and irregular pulse, venous hyperemia by cyanosis, hepatic engorgement, dyspnea, sweating, etc.

If relief is not afforded, the patient may die speedily, asphyxiated. Here the morbid condition is evident, the therapeutic indication equally so. A stretched muscle contracts imperfectly. By diverting a portion of the torrent of blood that is pouring into it we give the stretched ventricle a chance to recover its tone and it will enter with renewed vigor upon its functions, the systole becomes efficient and the dammed up blood will find a vent into the left heart and arteries and relief more or less permanent will be afforded.

In many cases, as in advanced mitral insufficiency or stenosis, this will be transitory, but in cases of pulmonary edema and engorgement, etc., brilliant results may occasionally be obtained. As the blood flows from the arm the patient will at once be sensible of great relief, cyanosis will diminish, dyspnea will subside, the pulse may be felt to grow slow, more regular and fuller and before the flow has stopped he will often fall into quiet sleep. From one to two pints of blood may be abstracted with safety. Given pronounced evidence of over-distension of the right ventricle, quickness and feebleness of the pulse may be disregarded; with each ounce of blood abstracted improvement of cardiac tone and general condition may be expected.

At the meeting of the Pan-American Congress I had the honor to read a paper upon this subject and to relate a case of the remarkable results of venesection in engorgement of the right heart. The patient recovered so as to be able to resume his very active business and only succumbed to his cardiac disease within a few months, four and a half years later. Since then I have had several opportunities to practice the operation with excellent results and in one instance to snatch a patient from the very jaws of death. With the narration of this case I close this paper.

Case.—On the evening of November 19, 1893, I was summoned hurriedly to see Mrs. D., by her husband, who informed me that he thought she was already dead. I reached her house in a moment and found her a well-nourished woman of middle age, supported in a chair by her attendants. She was cyanosed to the last degree and had ceased to breathe. A mass of white foam protruded from her lips and each nostril. Her heart was still pulsating and her radial pulse could be felt. As I watched, a gasping movement of the lips was observed.

At once she was placed upon the floor, her dress and corsets loosened and artificial respiration begun. Much frothy mucous was expelled by the compression of her chest, but no voluntary respiration was evident at first. Immediately I bled her from the arm, continuing artificial respiration. After about a half-pint of blood had flowed, imperfect efforts at respiration were resumed and voluntary

respiration became established after a pint of blood had been abstracted. The pulse became very full and frequent but she remained unconscious for more than a half hour. Cyanosis gradually disappeared and in an hour she had regained her natural color.

Upon examination, a pronounced mitral systolic murmur with considerable ventricular hypertrophy was detected. Her regular attendant, Dr. A. P. Smith, who arrived before consciousness was restored, informed me that repeated tests had revealed no evidence of kidney disease. Mrs. D., I am informed, slowly recovered from the effects of her attack and is today in fairly good health.

I learned that she had not felt well during the day, but at eight o'clock had dressed in corsets and street dress and had gone out for a walk with her husband. At some distance from home she had been seized with dyspnea and had fallen in the street. After some delay and after she had become unconscious, she was brought home in a cab. Within a few moments after her arrival, I saw her. During all this time her body was confined by her dress. It was evident that the exercise of walking (she was quite a stout woman) had violently excited the action of her already damaged heart with the result of inducing a very acute edema of the lungs, with rapid effusion into the bronchial tubes and overdistension of the right side of her heart. When seen by me she was completely asphyxiated.

The re-establishment of respiration by artificial means and the abstraction of a pint of blood enabled her heart to recover from the surprise into which it had been thrown and to resume the function for which it was ordinarily quite competent.

PSEUDARTHRITIS.

Read at the Semi-Annual Meeting of the Medical and Chirurgical Faculty of Maryland, held at Cumberland, Md., Nov. 21 and 22, 1894.

By Samuel J. Fort, M. D.,
Superintendent of Font Hill Institute, Ellicott City, Maryland.

Neurasthenia is a term that covers a multitude of uncertain, indefinite, yet none the less exasperating conditions, and is, unfortunately, none the less positive in its far-reaching effects upon the patient, notwithstanding its apparent lack of exact symptomatology. Hysteria is another favorite garment-like term that embraces no small number of symptoms. The hysterical patient is not always neurasthenic; the neurasthenic is, on the other hand, quite likely to be hysterical.

Now when it comes to diagnosing the sign-manual of hysteria, if we have a history of nerve-tire preceding an attack of the former, it is an easy problem to solve; but when we are confronted with a condition simulating a serious disease in a person with no such history, a person whose antecedent bill of health has been perfect, even though environment may be predisposing, it is not an easy task for the practitioner to satisfy himself that he has to deal with an imitation, rather than the genuine article.

In the unnatural exaggeration of some functional disturbance of a joint, sometimes called "hysterical," by Mr. Paget termed "nervous mimicry," may be seen what Agnew has termed "pseudarthritis," two cases of which I have had under recent observation, whose symptoms and treatment I shall presently describe.

First let me rapidly run over the general symptomatology, etc., as given by the books.

Pseudarthritis seems, like the gout, to be found most frequently among members of the upper classes of society and unlike somewhat similar psychical disturbances, is not of necessity found among neurasthenic or hysterical cases; it rarely appears in those beyond maturity, but may appear either before or after puberty up to, say, the thirtieth year.

The general symptoms are as follows: The patient suddenly complains of pain in the knee or hip; the joint becomes sensitive, perhaps slightly swollen, the articulation becomes rigid, motion producing great suffering. Later the circulation becomes sluggish from disuse of the limb and the extremity may present a bluish or mottled appearance. The surface temperature may fall below normal in the morning and rise above it in the evening. There is usually very little muscular or fatty atrophy. The pain experienced may be constant, or if relieved by change of position, return again when the muscles become tired; there may be distinct periodicity, the pain coming on at a certain time in the day, to gradually subside.

Notwithstanding the severe local symptoms, there is usually no fever and the general health or appetite is little impaired.

Attacks of this trouble in females may sometimes be traced to intra-pelvic disorders, but very often the psychical element seems to be the main cause.

Agnew gives the following tables of comparison between pseudarthritis and arthritis:

PSEUDARTHRITIS.	ARTHRITIS.
Generally seen in females.	Seen in both sexes with nearly equal frequency.
Joint *slightly* or not all swollen.	Marked swelling of joint.
Without redness.	Often with redness.
Greater tenderness from slight pressure than when it is greater.	Pressure only painful when firm.
Pain superficial.	Pain deep-seated.
Manifestations of pain overstated.	Not exaggerated.
Limb remains unchanged.	Limb wastes.
Temperature under rather than over normal.	Temperature over normal.
Attack sudden.	Attack usually gradual.
Flexion not constant.	Flexion present.
Twitching of the muscles sometimes present, though not attended by any increase of pain, and always ceasing as the patient falls asleep.	Spasms or starts of the muscles entailing acute pain at the time and often occurring as the patient falls asleep.
No constitutional disturbance.	Constitutional disturbance generally present.

From coxalgia and white swelling the same writer gives these points of difference:

PSEUDARTHRITIS.	HIP AND KNEE-JOINT DISEASE.
Sudden in its attacks.	Gradual in development.
Pain diffused.	Pain localized and generally at the inner side of the knee.
Nutrition of the limb but little if at all impaired; the surface never shining and polished.	Limb wasted.
External features of the joint unchanged.	Flattening of the buttocks and obliteration of the gluteo-femoral crease, in hip disease; disappearance of the depression on each side of the patella, in knee-joint disease.
Crowding together the joint surfaces causes no pain.	Causes pain.
Direction or attitude of the limb changed but little if at all.	Limb flexed, abducted and rotated outward in the first state of coxalgia. Knee flexed in knee-joint disease.
No tendency to suppuration.	Frequently abscesses, both external and internal to the joint.

Before taking up the treatment, I will give a synopsis of the two cases under my care. The first was a little girl, between three and four years of age, who, while not precocious in her physical development, had a fairly good family history and up to the time of this particular trouble had never suffered from any illness other than those incidental to children. She was standing in her carriage one day, when she suddenly sat down, screaming, and the slightest movement of the left leg seemed to cause exquisite suffering.

Save when asleep, she would cry out if moved, and absolutely refused to use that extremity; when asleep she would roll about in her crib as usual, and so far as we know was never awakened by any pain in the affected side. Examination

when asleep failed to show any signs of joint trouble, but being somewhat alarmed, I had her examined by Dr. Tiffany of Baltimore, who likewise failed to find adequate reasons for the pain she seemed to suffer.

The nurse happened to be a fond and foolish woman who was constantly referring to the trouble and as I believed stimulated rather than acted as a sedative, so she was discharged and the services of a bright young woman obtained in her place. This nurse was instructed to pay as little attention as possible to the condition, and in course of three weeks the little patient resumed the use of the leg as suddenly as she gave it up, and from then until now there has been no return of the difficulty or any after results.

The second case was a young woman about twenty years of age, perfectly well, and unusually practical and sensible. She retired one night, well, to awaken in the morning unable to use her right leg, because of extreme pain in the knee of that side. The leg was flexed and abducted; the weight of the bed clothing caused such agony that a tent had to be improvised to keep off the pressure. The slightest touch caused a scream; there was some swelling, some heat, and the pain was constant. There was no history of a blow, or exposure to cold; no rheumatic diathesis; and nothing that was done gave any relief.

On the second day, by engaging her attention, I was able to locate two sensitive points, which I marked with ink; the next day, the sensitive points had changed position elsewhere, and careful manipulation enabled me to straighten the leg, and crowd the tibia upon the femur without exciting any pain; the leg was left extended and remained so until she got on her feet again.

Being convinced that there was not an organic trouble to contend with, every effort was made to stimulate the patient into the belief that she could use the leg if she would, and the trained nurse in charge, a very intelligent girl, aided me more than the entire contents of a drug store, by her judicious and tactful assistance.

Day by day the patient was urged to use her leg and in course of a week she was out of bed. I now sent for her mother, whom I introduced into her room entirely unawares, and the excitement of the meeting operated as I had hoped, in making her forgetful of herself. In a few days she was able to travel, and in a month afterwards entirely well.

In these two cases we can readily see the nervous element predominating and naturally the treatment was directed towards strengthening the general system and toning up the relaxed controlling centers. Suggestion played its part, though care was taken not to overdo the matter in paying too little attention to the pain, which was probably severe and real.

Had there been in the latter case any suspected pelvic trouble, that would have needed rectification, and tonics would have been indicated if the general condition had shown signs of being run down. Massage, manipulation and electro-galvanism are therapeutic resources of value in selected cases, but in patients where the psychological element predominates, the medical man will be puzzled sometimes to meet the indications.

Tact, firm and judicious authority with the minimum amount of drugs will in almost all such cases work a cure; the great point to avoid will, I think, prove to be endeavors to do too much.

Concerning Tablet Triturates.—Dr. George V. Miles of Oneida, New York (*Columbus Medical Journal*), while speaking very highly of the value and convenience of the tablet triturates, objects very decidedly to the plan adopted by some manufacturers of stamping on the triturate its list number. He claims that where this is done the patient can easily take one to the druggist as a sample, and order supplies without consulting his physician.

SALOL IN GONORRHEA IN THE MALE.

By Robert Eugene Strasser, M. D.,
Philadelphia, Pa.

Mr. J. K., aged 25, single, and clerk by occupation, came to me, having been troubled with gonorrhea for a month and having been treated elsewhere with no avail. His meatus was red and greatly inflamed and from it came a greenish discharge. Pain or burning sensation occurred only at times, during micturition. I at once advised antiseptic treatment, the drugs being used which act upon the germs and at the same time produce the least irritant action upon the mucous membranes. I instructed him to allow his penis to soak in hot water for at least five or ten minutes at a time and cleanse his external genitalia with soap and water. Then I advised him to get a syringe of about one ounce capacity with a conical nozzle and gave him the following for an injection :

℞.—Zinci Sulphat.
Plumbi Acetat. āā . gr. iii
Hydrastin (Lloyds.) . f ʒ iij
Aquæ Camphoræ. . f ʒ iij
Aquæ Rosæ. . q. s. f ʒ iij
M. Ft. Sol.
S. Inject.

I told him to use it two or three times daily, holding the nozzle gently in the meatus, and inject slowly.

The injection should be thrown back as far as possible to the membranous portion of the urethra. Then the syringe and all must be strictly cleansed again before using. Copious irrigation of the urethra in the earliest stages of gonorrhea with this injection or a mild solutive of mercuric chloride 1-20,000 is frequently successful in procuring complete cure in a few days.

Mercuric solutions have good effects upon the gonococcus but have an irritating effect upon the mucous membranes and should be used in weak solution (1-40,000 to 1-20,000). But it must be remembered that external medication alone will not always cure if the urethra is so sensitive that no sound can be passed to flush the urethra and bladder, then we must have some internal antiseptic and this is of great importance in all forms of gonorrhea.

It is universally accepted that copaiba, salol, cubebs and sandalwood, when eliminated by the kidneys, possess the power of inhibiting the growth of the gonococci. Salol I believe is the best, as it will not affect the stomach as copaiba does in most cases and also is a sure and efficient remedy.

Bacteriological and clinical research has shown that salol excites a powerful germicidal action upon the gonococci.

Flushing the urethra is of great importance. Salol is excreted by the kidneys into the bladder and passed thence out by the urethra, and thus with ten grain doses three times daily, the genito-urinary tract will have a bath in the antiseptic fluid. Salol consists of 60 parts of salicylic acid and 40 parts of carbolic acid.

Thus the internal use of salol and an injection of a mild form from without *per urethram* will insure a thorough washing of the genito-urinary tract in both directions and the germs will be overcome. This case, like many others, soon made great improvement on this treatment in addition to proper diet. It is well to induce patients to drink freely of water or mineral water and thus constantly keep the urethra washed out and the urine bland.

This case was troubled for a month before I saw him, but improved so rapidly in two weeks that he imagined he was entirely cured and in two weeks later he was well. This is only one of many cases which have succumbed to this treatment. Therefore I think salol deserves trial by many men who fail to cure such cases.

BREECH PRESENTATION; PROLAPSE OF THE CORD.

READ BEFORE THE MEDICAL SOCIETY OF THE UNIVERSITY OF MARYLAND, NOV. 20, 1894.

By Harry H. Arthur, M. D.,
Junior Resident Physician, Free Lying-in Hospital, University of Maryland.

J. P., COLORED, aged 32, V-para, in good health, was admitted to the Free Lying-in Hospital of the University of Maryland, May 8, 1894, at which time a hurried examination was made which developed the following :

Pregnancy advanced to about the ninth month and two weeks. Breech presenting, head at fundus, dorsum to the right, small parts felt on the left. Heart best heard in the upper right quadrant of the uterus.

Vagina normal, cervix slightly shortened and softened, external os admitting one finger. Apparently a R. S. I. A. position. Subsequent palpation showed fetus to have changed, position taking L. C. I. D. A.

After the occurrence of lightening the abdomen being very pendulous, the presentation and position were somewhat obscure. Palpation two days before the onset of labor gave no definite result.

Labor began at 3 A. M., May 23, at which time digital examination showed os dilated to about the size of a quarter, membranes slightly protruding, through which could be felt a presenting part, which was afterward diagnosticated as a foot.

Pains now became less frequent and almost ceased until 3 A. M., May 24, when there was a recurrence at regular intervals. The patient was then re-examined by Professor Michael and the membranes found protruding about four or five inches through the partly dilated os and within the membranes were found coils of the cord (prolapsed), the pulsations of which were distinctly felt.

The patient was at once transferred to the "delivery bed" and her hips elevated in the hope of securing spontaneous retrocession of the prolapsed cord, the danger of compression of which was increased by the breech presentation.

At 11.20 A. M., I was called to the delivery room, to find that the membranes had ruptured and coils of the cord extruded into the vagina. The patient was at once placed in the knee-chest position and I endeavored to secure reposition manually, but without success. I left the patient in the same position, expecting the cord to retrocede by gravitation, which it did to a large extent, leaving but a coil within the vagina, which was replaced by slight manipulation.

Pains now were very infrequent and the cord continued to pulsate normally until about 3.30 P. M., when pains set in with considerable vigor and one foot and the cord were extruded through the vaginal orifice. Labor again came to a stand-still and introducing my hand I disengaged and brought down the other foot.

I then extracted by the feet, delivering the breech, at which time the cord stopped pulsating. Recognizing some additional impediment to delivery, I again introduced my hand, to find the child's arms extended above his head. After considerable difficulty the arms were brought down without fracture and the Smellie-Veit method applied to the after-coming head, rotating the face to the hollow of the sacrum and thus with the assistance of supra-pubic pressure I delivered the head. The child, a large male, as was anticipated, was born asphyxiated, but after ten minutes work was resuscitated.

The patient passed an uneventful puerperium, her temperature at no time rising above 99° F., and was discharged in good condition on the sixteenth day after delivery.

BONES: NORMAL AND DISEASED.

Read before the Baltimore Medical Association, October 22, 1894.

By W. A. Duvall, M. D.,
Baltimore.

Long since it was written "the study of man is man." To understand the human anatomy requires an intimate knowledge of the brain work. Thereby hangs the whole (tail) tale. We find the ideal bone in books only; practically we deal with those that approach the normal. Bones are designed to act as supports, levers and protectors to soft parts. Happily the silent Architect has designed them to suit the life and vocation of the creature. Thus the inhabitants of the sea possess bones nearly solid, with little or no medullary canal. In birds we find a thin, compact layer, surrounding a large medullary canal. Passing, I may say that the bones of the wing communicate with the breathing apparatus, and when making ready for flight they fill the medullary space with warm air. The bones of the creatures of earth are a happy medium.

Bones being a part of organized life, they are subject to disease and death. To deal intelligently with bones in disease we must know the normal bone. Bones are compact and cancellous. The compact structure on the outside differs from the cancellous on the inside, in that the layers of the compact lie more nearly in apposition. The spaces are smaller. The compact structure protects the cancellous. The cancellous serves, among other purposes, to lessen the weight and to allow the passage of a nutrient fluid and to give elasticity.

Bones are connective tissue hardened by a deposit of lime salts. Bones are richly supplied with bone-making cells, which we find in the lacunæ. The life of a bone depends upon the vascular layer of the periosteum, processes of which dip down into its structure, thus aiding in the vitalizing of the osteoblasts.

Bones are subjected to acute and chronic disease, not even escaping the blighting effects of the bacillus tuberculosis. Bones of youth are more vascular than those of old age. As the twilight of life approaches, the heart, no longer able to meet the requirements, fails to give the supply of former years. This explains why repair is slow in the aged. The elasticity of bone is explained in the same way. Pascal's law is illustrated in bone and bone joints. Liquids are ideal cushions. Thus the life of the individual is made happier by the increased elasticity.

It might be justly said that the elasticity of bone is one of the beauties of nature; for without it the impulses received by daily intercourse would so shock the nervous system as to make life a burden. In conclusion: The cancellous structure of bone is most marked in the lines of weight. The spinal column being the best example; as the weight increases from above down, so the cancellous structure increases likewise. The sacrum being the keystone of the arch is the most cancellous. Through the line of weight in the ossa innominata, we find the most cancellous. So with the scapulæ. How thankful we should be for these blessings nature has bestowed, and with what care should we use this frame, the gift from a higher power, yet how sadly it is neglected, in the every-day rush for the wealth that nature places around.

Sterile Blood Serum.—Kuprianow recommends, in the *University Medical Magazine*, those who desire to secure germ-free blood-serum to introduce a small sterile canula into the jugular vein of the animal and draw off the blood without allowing it in any way to come in contact with the air.

SOCIETY REPORTS.

BALTIMORE MEDICAL ASSOCIATION.

MEETING HELD OCTOBER 22, 1894.

Dr. E. D. Ellis, Second Vice-President, in the chair.

Dr. E. G. Waters reported two cases bearing on the subject of URTICARIA. His grandchild, five years old, was taken with a chill followed by high fever and perspiration. After the subsidence of the fever he ordered quinine to be given freely. The child again felt chilly the next afternoon and quinine was again administered freely next morning. It complained of sore throat, which was sprayed with an atomizer. On the abdomen an eruption appeared which somewhat resembled measles. This lasted forty-eight hours. The fever gradually subsided. Vomiting was one of the earliest symptoms. Shortly afterwards another child, three and a half years old, that slept in the same bed, was attacked with vomiting. An eruption appeared on the abdomen and the back very much resembling scarlatina, and it afterwards involved the entire trunk. The fever was high. Vomited several times. Today the efflorescence has faded and there are some spots like purpura. No sore thoat. In both cases there was some injection of the eyes, especially in the sclerotic coat; no conjunctivitis. Diagnosis: Dr. Waters thinks it is rötheln. No prodromata in either case. Some little bronchitis in the elder child; so far, none in the second. Both spent the summer on the Eastern Shore. Whether or not this had anything to do with the illness, he does not know. He thinks that the first case was mixed up with malaria. He does not think that it was scarlatina in either case.

Dr. John Neff: Scarlatina as seen by him this year has been extremely mild, so much so as to make him doubt the diagnosis.

Dr. David Streett: In diagnosticating scarlatina one of the most important points is the tongue. Even in the mildest cases of scarlet fever the tongue presents the strawberry appearance, and this clears up the diagnosis. Even in mild forms desquamation is also found about the abdomen and the groins in scarlatina.

Dr. Waters: In his cases the tongue did not present the features seen in scarlatina.

Dr. W. A. Duvall asked if the children were brothers.

Dr. Waters replied that they were.

Dr. Duvall thinks that the diagnosis should be quinine eruption.

Dr. Waters: This suggestion was in his mind but the second child had taken no quinine when the eruption occurred.

Dr. Streett: Thinks that quinine eruption is very rare. Can recall but one case.

Dr. Duvall: Does not wish to create the impression that Dr. Streett has that quinine eruption is common. Believes that it is very rare.

Dr. E. D. Ellis: Related a case of quinine eruption in which there was profuse lachrymation.

Dr. John T. Spicknall: Related a case in which quinine produced urticaria with intense pruritus.

Dr. E. D. Ellis: Related a case of RHEUMATIC MENINGITIS. He made the diagnosis with reluctance because he has always been skeptical on the subject of rheumatic meningitis. The patient, a girl 19 years old, has been deaf from early childhood. Not considered bright, probably on account of her deafness. She was attacked with symptoms of meningitis. Later there were rheumatic pain, swelling, redness, etc., in the ankles, the shoulders, the precordium, and the wrists. She subsequently recovered, the hearing improved, the anemia lessened, the dyspnea lessened, and the mind improved. He diagnosticated meningitis of the convexity of the brain rather than of the basilar portion.

Dr. Joseph T. Smith: Related a case that had been under the care of another physician for some time. Came to consult him about an opening under the chin discharging pus and serum. The probe revealed no dead bone. Pus was laudable and serum not offensive.

Refused to have it probed or opened. Aristol was used but without much benefit. Patient consulted a dentist, who extracted a tooth and the trouble subsided.

Dr. W. A. Duvall read a paper on BONES: NORMAL AND DISEASED. (See page 194.)

EUGENE LEE CRUTCHFIELD, M. D.,
Recording and Reporting Secretary.

MEDICAL PROGRESS.

DYSPHEMIA (STAMMERING). — This subject is discussed from the neurological standpoint by Coxwell (*British Medical Journal*). After showing that the stammerer is never amnesic, and the trouble of utterance is aggravated by ill health, nervousness, etc., he states that the fault lies in a paralysis of some part of the articulatory or phonatory mechanism *plus* excessive activity or even spasm of other parts. It is different from affections like writer's cramp, which are brought on by overuse of the organ. Singing, from its rhythm and continuous flow, is easier to the stammerer than ordinary speech, which changes rapidly in time and rate of flow. The author locates it in Broca's center, and postulates two conditions to explain it, namely, (*a*) a want of power (paresis) in some of the articulatory nerve mechanisms of that center, and (*b*) a want of accurate regulation of that center owing to defective control of it by higher centers. Hence the treatment is two-fold, namely, generally tonic, and specially gymnastic. Generally tonic: Regulated outdoor exercise, shower baths and nerve tonics (quinine, strychnine, phosphorus). Vocal gymnastic: Daily practice in uttering the simple vowel sounds, at first slowly and then more rapidly, and after good proficiency is attained to add consonants. The patient should next practice reading aloud daily, mastering every difficulty only by slow and assiduous practice. Simple narrative reading should precede dialogue. Patience and steady practice (including vocal or singing exercises) should be combined, but always stopping short of actual fatigue. The author states that he has cured many in this way, the treatment taking several months.

* * *

GASTRIC DISORDERS.—Dr. Charles G. Stockton, in discussing in the *Medical News* the nature and treatment of functional gastric disorders, says that:

1. Functional gastric disorders generally arise from influences outside the stomach.

2. Those causes are usually to be found in some reflex irritation or some toxemia.

3. Amongst the latter syphilis occasionally has a place that apparently has passed unnoticed.

4. Structural changes in the stomach are not so much the causes as they are the results of functional disorders.

5. The successful treatment of these affections must include the removal of the often unsuspected exciting cause.

* * *

PUZZLING POINTS IN LABOR. — Dr. George R. Dean of Spartansburg, S. C., says, in the *Medical and Surgical Reporter*, that the environment of patients in labor, the available help at hand and the outlook for after-treatment are modifying influences which no surgical or general practitioner can ignore. Country physicians often have difficult labor cases where natural delivery is impossible, when the forceps are used in vain and when the question lies between craniotomy and an operation on the mother. His experience would lead him to emphasize the following points:

1. The saving of both mother and child where possible is the end to be attained above all considerations. 2. To accomplish this everything pertaining to the situation or surroundings and the physical condition of the patient should be carefully considered. 3. Wherever the impediments to delivery, from whatever cause, are too great to be overcome by the forceps or by turning, the surroundings and condition of the patient permitting, symphysiotomy offers the best results with the least traumatism to the mother. Where this is impracticable from any cause, the surroundings and condition of the patient permit-

ting, then the "Sanger" or "Porro" operation should be performed. Where neither of these operations is practicable in consequence of conditions or surroundings, then, and only then, should craniotomy be performed.

These are the conclusions at which he has arrived: 1. Craniotomy should never be performed under any circumstances where it can be avoided with a reasonable hope, *all things considered*, of saving both mother and child by some other operation, even though it be a serious one involving very great risk to both mother and child. 2. There are cases where craniotomy promises the only reasonable hope of saving the mother.

* * *

Ulcerative Endocarditis due to the Bacillus Diphtheriæ. — More than a year ago Dr. William T. Howard, Jr., reported in the *Johns Hopkins Hospital Bulletin* an abstract of a case of ulcerative endocarditis due to the bacillus diphtheriæ. Now he has published a fuller account of this same in the *American Journal of the Medical Sciences*, which is one of acute endocarditis in which certain organisms were found in every respect identical with the bacillus of diphtheria and which he had every reason to believe as the bacillus of this disease. The resemblance was in its morphology, its behavior with reagents and the appearance in the cultures. There had been no previous history of cardiac trouble in the case reported before he was taken sick this time and a murmur had never been heard. This is the first case where the bacillus was found in any of the internal organs except the lung. This is an extremely interesting report and it only needs other cases of a similar kind to strengthen this work and perhaps give a new cause for death from heart disease.

* * *

Can Ovarian Dermoids be Diagnosed?—Guinard (*British Medical Journal*) denies that there is any one pathognomonic symptom of dermoid cyst of the ovary. Three signs, on the other hand, when they occur in the same patient, almost assuredly indicate this disease. These signs are pain, slow growth, and consequent small bulk of the tumor, and relative youth of the patient. Tillaux and himself have both found that these three signs are reliable. Exploratory puncture is absolutely unjustifiable. Should the tumor be dermoid, puncture is specially dangerous, as the contents of a dermoid cyst are hightly irritating to the peritoneum. Guinard admits that there is one source of fallacy in his test for dermoid of the ovary. The pain may be due to torsion of the pedicle of an ordinary ovarian cyst, and as torsion checks the growth of the tumor and may occur in a young subject, diagnosis in the simplest-looking case must be reserved.

* * *

Dangers of Internal Antiseptic Medication.—P. Dignat writes in the *Medical and Surgical Reporter* of the dangers accruing from the administration of antiseptic remedies. He describes in detail two cases in which the ingestion, respectively, of salol and guaiacol, in comparatively feeble doses, produced a series of untoward symptoms. After a careful observation and study, these symptoms could only be ascribed to the action of the remedies alluded to. The author believes that antiseptic internal medication renders good service, but insists that the fact that such medication is apt to do more harm than good in many instances should not be lost sight of in modern therapeutics.

* * *

The Treatment of Heart Disease.—So much has been written about the treatment of organic heart disease that Dr. Beverley Robinson in the *American Jonrnal of the Medical Sciences* says that the subject is approached with hesitancy through fear that the subject has already been exhausted. A murmur needs no treatment unless some symptoms are present which call attention to the trouble. Perfect compensation requires no drugs. Rheumatism is usually the cause of the heart disease, and if it be treated with proper care many cardiac complications may be avoided. The bicarbonate of soda with Rochelle salt in moderate, frequently repeated, doses, sometimes with the acetate of potash and the chloride of ammonium, are at times better than the salicylates,

in neutralizing the bad effects of rheumatism. Rest in bed and abstaining from violent exercise are important. Some patients may be told of their trouble, others could not stand this. In chronic heart disease, the German system of exercise by climbing is of great benefit. Children should be prevented from exercising too violently.

The diet needs constant attention and the injurious effects of too cold or too hot baths should never be forgotten. Light underwear even in the coldest weather prevents too great perspiration and consequent exhaustion. Outer garments of different weights and texture, as overcoats and shawls, may take the place of heavy underwear. Constipation should be avoided and tonics in the form of simple bitters, iron or arsenic, should be given. Digitalis is the best heart tonic, either alone or in combination with iron, but it should be given intermittently. A good combination in mitral lesions is one drachm of the infusion of digitalis with $\frac{1}{200}$ of a grain of nitroglycerine every two hours, gradually increasing the dose. In serious cases the hydragogue cathartics are necessary to relieve dropsy. Compound jalap powder with or without calomel is better than elaterium or croton oil. If the patient is weak, milk should be freely administered. In critical cases where there is dropsy, paracentesis should be done. Venesection is an old remedy that should be revived as exceedingly useful in advanced cases. Caffein is an excellent heart stimulant in doses of one to three grains by mouth. Too much caffein causes sleeplessness. European physicians think higher of convallaria maialis or lily of the valley, as a heart tonic.

Aconite is not as good in mitral stenosis as nitroglycerine, and is not to be advised. As a sedative the bromides are better and also the valerianates. Digitalis often acts slowly and is not eliminated rapidly. It does not lie dormant in the system as many believe, and then suddenly rush out like a beast of prey. Digitalis must be intermittent to be effective. Belladonna by stimulating the nervous centers controlling respiration has great value in establishing lost heart power. It should be given with strychnia or the iodides. In sudden shock the electric current is of great use. Indigestible and rich food should be avoided at night, and when a full stomach causes dangerous palpitation, emesis should be produced. In dropsy, tapping should not be delayed, and in severe attacks of dypsnea, oxygen inhalations may be necessary.

* * *

The Value of the Centrifuge.—For the detection of casts, cells and other sediment in the urine a careful sedimentation is necessary. When the sediment is scarce, important substances may be overlooked and unless the whole amount of urine is allowed to stand for twenty-four hours and gradually decanted, the results of microscopic examination may yield negative results.

Drs. Henry L. Elsner and Hiram B. Hawley show in the *New York Medical Journal* the value of the centrifuge, with the following conclusions:

1. That the time gained by centrifugalizing urine is of great advantage in many cases where an unaltered urine is desired (fermentation not having taken place), such early precipitates showing the epithelial casts and other structures before changes in shape, size and contour occur, without bacterial contamination.

2. The centrifuge does not yield a precipitate in all urines, though in the majority of those urines in which no decided deposit takes place there is a haze or cloudiness near the bottom of the *éprouvette* which with care can be gained and ofttimes gives a valuable microscopic picture. In some urines absolutely no precipitation or haze can be found.

3. Centrifugalizing demonstrates, as no other method can, the insoluble and suspended elements present in an abnormal urine.

4. The presence of blood in the urine can often be demonstrated by the aid of the centrifuge when the older method fails to show it.

5. In cases of transitory, cyclic, or permanent albuminuria, without marked subjective or objective symptoms accompanying, the centrifuge will ofttimes aid in establishing the underlying patho-

logical condition; hence, for the insurance examiner the instrument becomes invaluable.

6. No other method of urinary examination will be as likely to demonstrate primary genito-urinary tuberculosis. The repeated examination of suspected urine is necessary, as failures are frequent and tubercle bacilli are present in small numbers only.

7. The centrifuge precipitates albumen with picric acid in from five to ten minutes, the test being equal in value to Esbach's, having the advantage over the latter (which requires fully twenty-four hours) that only a short time is needed, and that the mucin and other insoluble elements can be measured or weighed.

8. The prompt bacteriological examination of serous exudates and other pathological fluids can be made by the aid of the centrifuge more thoroughly and with greater satisfaction than by any of the older methods, while occasionally tubercle bacilli can be found in sputum with the centrifuge which can not be found without it.

9. In twenty-one per cent. of the cases examined the centrifuge yielded results which led to more accurate diagnoses than could otherwise have been made. Our work with the centrifuge has emphasized the fact that in the examination of urinary sediments "it is important to observe not only the kind and number of casts, but also to consider very cautiously the number and characteristics of all accompanying elements" (Bizzozero, 22). We agree with Albu, who holds that the centrifuge has "unfolded no new diagnostic principles;" we do maintain, however, that by means of it we attain to the very refinement of diagnosis.

* * *

Uncontrollable Vomiting of Pregnancy.—Bonnet (*British Medical Journal*) relates a case where the patient was 22, and single. Her first pregnancy went on to term; but, in her second, labor was induced at the fourth month in consequence of hyperemesis. During the early part of the third pregnancy vomiting became very severe, lasting a month, and reducing her to an alarming extent. When just over six weeks pregnant, a laminaria tent was introduced; on January 14, 1890, the vagina was plugged with iodoform gauze. For twenty-four hours the vomiting ceased. Next day the tent was removed, and the sickness returned. On January 17, two tents were introduced as high as possible. The vomiting again stopped, returning when the tents were taken out. Then five tents were progressively introduced, and left in place for three days. The sickness stopped, and did not return. The uterus showed no signs of contracting throughout the course of the above treatment. The patient took food well and grew stout. Seven and a-half months later she was delivered of a healthy child at term.

* * *

Hydatid of the Brain.—An interesting case of hydatid of the brain is reported in the *Intercolonial Quarterly Journal of Medicine and Surgery* by Mr. O'Hara. A boy, six years old, had had pain in the head, followed by giddiness, vomiting and ending in convulsions, right-side paralysis and complete blindness. An enlargement on the left side of the head was noticed which led to an operation. Under the dura mater was found a cyst containing about six ounces of hydatid fluid in which there were numberless daughter-cysts. After removal of the cyst and the usual antiseptic precautions, the boy made an uninterrupted recovery and all the untoward symptoms disappeared.

* * *

Tachycardia following Laparotomy.—Negri calls attention, in the *University Medical Magazine*, to a condition of tachycardia following laparotomy. He has observed two cases where, unassociated with fever, the pulse became very much accelerated following perfectly aseptic laparotomy. The rapid pulse continued for many days, the patient in both instances slowly recovering. Negri's cases differ from those reported by Mangiagalli, in that the attack was not abrupt or paroxysmal, and both patients finally recovered. He believes the condition is a nervous phenomenon.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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SEE PUBLISHERS' DEPARTMENT, PAGE 205.

BALTIMORE, DECEMBER 29, 1894.

Extremes in Therapeutics.

THE older the physician grows and the more experience he has, the smaller the number of therapeutic agents he employs. Dr. Roberts Bartholow, who at one time recommended in each edition of his voluminous treatise on materia medica and therapeutics almost every agent for every disease, seems to be reducing the number of remedies to be used, as instanced in an article in the *Medical News*, where he advocates depuration as a therapeutical principle in various affections. He thinks that physicians in the present day have become so much interested in the results of chemical and biological research that they have forgotten old principles.

He shows the importance of depuration, first in the exhibition of remedies acting on the organs of excretion, to secure elimination of accumulated waste products and of various poisons, organic and inorganic, produced in or finding admission to the human body. These remedies are the iodides in full doses carried to the point of saturation, pilocarpine in sufficient doses to produce its physiological effects, and purgatives and diuretics according to circumstances. His theory is that the body is exposed to numerous kinds of poisons—animal, vegetable and those from organisms.

These large doses of the iodides form soluble combinations with the various poisons in the body and are all eliminated together. The immense doses of pilocarpine cause profuse sweating and diminish intracranial pressure and a herculean pill of blue mass opens the bowels to their full extent. The author adds that the method may profitably become a routine habit in many cases whose etiological relations are of a kind to suggest it. He does not recommend salivation as a method of treatment, but his idea as to treatment in general is hardly one which the modern practitioner would care to follow.

Physicians of the present day may be occupied with biological and physiological research, but they have hardly forgotten the principles of depuration and derivation nor would they be induced to follow this routine and exhausting method here suggested. If we must return to first principles, far better would it be to go back to blood-letting in the moderate and selective manner as suggested by Dr. I. E. Atkinson, who does not recommend it as a routine method but in carefully selected cases where it is indicated.

If we at one time made a mistake by too much bleeding and purging and have gone to the other extreme of never doing either, it is high time that we accept the golden mean and no writer on materia medica should try to bring up the practice of the dark ages and saturate the body with powerful remedies in a routine manner.

* * *

The Government and Antitoxine.

WHILE it is not probable that the United States Government will ever be able to obtain control of such powerful remedies as diphtheria antitoxine, still it should be among the first to investigate all new means of treatment and issue official bulletins to the profession. This it has done in the last number of the *Abstract of Sanitary Reports* in a manner most creditable to the Supervising Surgeon-General of the Marine Hospital Service and especially to Past Assistant Surgeon J. J. Kinyoun, whose ability, excellence and rapidity of work are well known not only to all who enjoy his acquaintance but to the profession at large.

As soon as the researches of Roux, Behring and others were sufficiently advanced to be brought to the notice of the medical profession, Dr. Kinyoun was sent abroad to study the methods of preparing the antitoxine and the manner of its application in the treatment of diphtheria. Every facility was given him by Dr. Roux in Paris and Drs. Baginsky and Mehring in Berlin to follow up the preparation of the antitoxine and see it used in the children's hospital. While credit is given to these investigators in France and Germany, the foundation work of Dr. G. F. H. Nuttall of this country is not forgotten, work whereby all these discoveries were made possible.

The United States Government and its representatives in this work are greatly to be congratulated on giving to the profession an authenticated account of the preparation of antitoxine and the treatment with it of diphtheria.

* * *

Decline of the Medical Society.

From all reports and appearances there seems to be imminent a decline of the medical society in Baltimore. With one or two exceptions, these society proceedings have become draggy, poorly attended and with little interest shown. There must be some reason for this lack of interest. One reason doubtless is the great increase in the number of medical societies and especially of the societies of specialists. The ordinary meeting announces three or four subjects, and if these are too specialized, the interest is too contracted and only a small number will attend.

Disappointment is another reason for the falling off in the attendance. Too often it happens, and at times without sufficient reason, that the paper of the evening, and perhaps a good paper too, is not read because the reader does not appear or appears with the paper incomplete or hurriedly prepared. This is exceptional, of course ; but members have been known to be absent unless they could be assured that the papers announced would be read. There are possibly many other causes at work which keep down the attendance and cause such lack of interest, but the principal one is perhaps the large number of societies, so that in one week as many as three or four hold meetings.

Medical societies, to be of interest, should not meet too often and they should begin their deliberations at the hour named and finish promptly, and not drag out the evening with long, dry papers weighted down with useless historical references and long quotations. It is just as well for the reader to know that most of his hearers have heard of Hippocrates and Galen and let them rest in their graves. A good article is often spoiled by the fact that the writer thinks it necessary to take a survey, unfortunately often too lengthy, of the whole history of medicine from its earliest beginnings.

There are many things that help a medical society, and one is intelligent discussions, not not so much diffuse book-talk which the speaker has crammed up according to the card before coming to the meeting, but results of actual experience. The majority of physicians read enough to keep up with the times in the part of medicine that interests them. What is needed at medical societies is not so much quotations from well-known and familiar authors as results of unrecorded observations and experience. A man may see few cases in a year, and yet may have such keen powers of observation, and such an ability for classifying facts that his remarks are worth much more than the busiest blind man's. Interest in society meetings should never be lost.

The member who sits through session after session of a medical gathering and never says a word is little less than a nonentity.

* * *

Mutual Aid Societies.

There exist in New York city two societies whose counterpart should be found in all large cities. One is an aid association for the relief of its members during illness and the other provides for the relief of their widows and orphans after the death of the physician.

Physicians even with large incomes during lifetime or while in active practice are notoriously unbusinesslike and usually save but little.

There is ample room for a mutual aid association among the nine hundred or more physicians in Baltimore or among the even much larger number in the State of Maryland. Such an association conducted on strictly business principles would be an assured success not only from the regular dues paid in bul also from bequests and legacies which would enrich the surplus and make the association stronger as has been the case in New York and also in London.

MEDICAL ITEMS.

Diphtheria has been prevalent at St. Louis.

The *North Carolina Medical Journal* is now issued semi-monthly.

The Kentucky School of Medicine has a new hospital and dispensary.

A new hospital for contagious diseases is to be built at Newark, New Jersey.

Physicians are either very hypercritical or else most athletic sports are very dangerous.

Muscatine, Iowa, charges a license of $25 a day for transient physicians who practice there.

Dr. Carrie Lieberg of Hope, Idaho, has been made Division Surgeon to the Northern Pacific Railway.

Dr. John S. Fulton has removed from Salisbury to Baltimore and has taken an office at 6 West Read Street.

The College of Physicians, of Philadelphia, announces that the Alvarenga prize will be awarded in July, 1895.

The International Congress for the Treatment and Protection of Infancy will be held next year in Florence.

By the will of the late Thomas E. Proctor, the Massachusetts General Hospital, of which he was a trustee, secures $100,000.

The *Journal of the American Medical Association* has followed the example of other journals by copyrighting each edition.

Dr. H. Augustus Wilson has resigned as Clinical Professor of Orthopedic Surgery in the Women's Medical College of Pennsylvania.

The subspecialties of surgery are becoming very complicated. Railway surgeons and military surgeons have their own associations.

Dr. George Chaffee of Brooklyn has been appointed editor of the Department of Railway Surgery in the *International Journal of Surgery*.

Illinois physicians are endeavoring to prevail on their General Assembly to establish a State vaccine farm. Massachusetts failed in this attempt. Maryland has had a vaccine farm for years.

Dr. William Osler will deliver the address at the opening of the new building of the Medical Department of McGill University, Montreal.

The Society of Alumni of Bellevue Hospital passed appropriate resolutions on the death of one of their members, Dr. Stuart Douglass.

A well-known ex-preacher and Christian Scientist was arrested recently in Texas for conducting a confidence game and defrauding the public.

Chicago covers 186½ square miles and has 1,625,000 inhabitants, of which 3400 are physicians, which is about one physician to 478 inhabitants.

The very unjust rule compelling house physicians and surgeons of the University College Hospital, London, to pay board, has been abolished.

A bill has been introduced into the French Chamber of Deputies providing for the creation of a Ministry of Labor, Hygiene and Public Assistance.

Albert Napper, the originator of cottage-hospitals, died on November 16, at the age of seventy-nine years. He established the first cottage-hospital in 1859.

Small-pox is still prevalent in New York. Between Ocotober 6 and December 10 there were 381 cases of small-pox reported in Milwaukee, with 122 deaths.

A life of Sir Andrew Clark is in preparation. Canon MacColl and Dr. W. H. Allchin are the biographers, and Mr. Gladstone will contribute the introduction.

There are now 32,269 specimens in the Army Medical Museum in Washington. The number of specimens received during the year ending June 30, 1894, was 1363.

Oscar Oldberg, Ph. D., Dean of the Faculty and Professor of Pharmacy in the School of Pharmacy of the Northwestern University, Chicago, has been made editor of the *Bulletin of Pharmacy*.

The committee of arrangements for the American Medical Association with Dr. William Osler as chairman, Dr. T. A. Ashby, Treasurer, and Dr. George H. Rohé, Secretary, have already begun work.

The Seton Hospital for Consumptives, at Spuyten Duyvel, having two hundred beds, will be opened for patients early in January. Dr. J. West Roosevelt is the physician in chief. The institution is not designed for the reception of persons hopelessly advanced in consumption.

WASHINGTON NOTES.

The regular meeting of the Clinico-Pathological Society took place on the evening of December 18, Dr. W. M. Sprigg, the President, in the chair.

Dr. A. A. Snyder read the paper of the evening, entitled "Pelvic Cellulitis." This paper brought out a lengthy discussion by Dr. J. Foster Scott, Dr. J. T. Kelly, Dr. Sprigg and others, some claiming that there was no such disease as pelvic cellulitis, others taking the opposite side. Dr. Snyder, in closing the discussion, said he believed that the two cases that he had reported were cases of true pelvic cellulitis.

It was moved and carried that Dr. Reed of the Army Medical Museum be invited to read a paper before the Society on "The Pathological Changes in the Liver in Typhoid Fever."

At this meeting it was also decided to accept the offer of the MARYLAND MEDICAL JOURNAL to publish the transactions of the Society and the papers that are read. The papers immediately become the property of the Society. This action met with the unanimous approval of the Society. It is the purpose and desire of the Society to have the papers published as soon after being read as possible. It has been the cause of a great deal of dissatisfaction in one of the societies here that the papers are sometimes twelve and fifteen months old before they are published.

The Medical Society of the District of Columbia held its regular meeting on Wednesday night, December 19. Dr. S. C. Busey read a long and interesting paper, which was the President's Address. The subject was "The Medical Society of the District of Columbia in 1894, with some important recommendations."

The Washington Obstetrical and Gynecological Society held its regular meeting on Friday night, December 21.

The paper of the evening was "An Interesting Case of Puerperal Eclampsia," by Dr. George Byrd Harrison. The paper was discussed by Dr. A. F. A. King, Dr. H. D. Fry, Dr. T. C Smith and others.

Dr. H. L. E. Johnson presented a specimen of urine which contained syntonin. He said that in fifteen years' experience he had in examining urine almost daily this was the second case that he had seen.

The death-rate of the city shows a marked reduction in the number of deaths, being only 17.09 as against the annual mean of 23.5.

Four new cases of small-pox have been reported.

PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending December 24, 1894.

Leave of absence for one month is granted First Lieutenant A. N. Stark, Assistant Surgeon, to take effect upon his return to Fort Sam Houston, Texas.

Captain James D. Glennan, Assistant Surgeon, is relieved from duty at Fort Sill, Oklahoma Territory, and ordered to Fort Snelling, Minnesota, for duty at that post.

Captain Edward R. Morris, Assistant Surgeon, on the arrival of Captain Paul Clendenin, Assistant Surgeon, at Fort Warren, Mass., will be relieved from duty at that post and will report for duty at Fort Spokane, Washington.

Promotions to be Assistant Surgeons, with the rank of Captain after five years' service in conformity with Act of June 23, 1874:

First Lieutenant Charles Willcox, Assistant Surgeon, Oct. 29, 1894. First Lieutenant Harlan E. McVay, Assistant Surgeon, Oct. 29, 1894. First Lieutenant Euclid B. Frick, Assistant Surgeon, Oct. 29, 1894.

BOOK REVIEWS.

A CLINICAL MANUAL OF DISEASES OF THE EYE, INCLUDING A SKETCH OF ITS ANATOMY. By D. B. St. John Roosa, M. D., LL. D., Professor of Diseases of the Eye and Ear in the New York Post-Graduate Medical School and Hospital; Surgeon to the Manhattan Eye and Ear Hospital, etc., etc. Octavo, 650 pages, 178 engravings in the text, nearly all original, two full-page chromo-lithographic plates and a full-page black plate. Muslin, $5.50; sheep, $6.50. New York: William Wood & Co. 1894.

Dr. Roosa's book is not, and apparently is not meant to be, an exhaustive treatise upon ophthalmology. It is evidently intended for medical students and practitioners who wish a clinical guide. For such readers it possesses some decided advantages. Methods of diagnosis are well explained, and safe and generally approved remedies are advised. For the student two excellent features are found: 1.

The sketch of the anatomy of the eye *as a whole*, instead of a description of each membrane or coat, in the chapter devoted to its diseases; 2. The glossary containing the definition and derivation of many words found in the text.

There are some statements in the book which will not receive universal approval. For instance, on page 293, after a corneal abscess has been defined as an accumulation of pus surrounded by healthy corneal tissue, and onyx as pus sinking between the layers of the cornea, there follows this definition of hypopyon: "If pus breaks through into the anterior chamber, it forms hypopyon." That such is only a partial, if indeed a true explanation at all, of hypopyon, is evident from other writers. In enumerating the methods of examination, the ophthalmometer is given the first place. Its findings, if one knows how to use it, are thought absolutely reliable. Minute and clear directions are given for its use (p. 154, *et seq.*). On page 544 the reader is advised to "prescribe according to the ophthalmometer" when, in oblique astigmatism, a discrepancy persists between the subjective and this objective test. Retinoscopy is thought to be of little or no use, compared with other objective methods (p. 150, *et seq.*). It is thought a waste of time to look for "manifest" hypermetropia, over an astigmatic correction, if the patient has $\frac{20}{20}$ vision (p. 543, sec. 5). On page 574, dental disease is mentioned as a cause of ciliary paralysis, but diphtheria is not.

Dr. Roosa is opposed to the theory of muscular asthenopia. He thinks insufficiencies due to refraction errors, as they doubtless often are. On page 151, he admits that with "atropia or any good mydriatic, the test by glasses . . is sufficient." Ophthalmic literature has teemed for the past few years with cases, narrated by men not prejudiced or bound by a hobby, where asthenopia persisted after examination under atropia, with either total or only cylindrical correction; where, again, no refraction error was found to account for the asthenopia, and in both such cases treatment directed to a muscular error brought relief.

To teach, in the face of such testimony as is right at hand, that the whole subject can be safely neglected, seems as illogical as to attribute to muscular errors many of the diseases they have been charged with producing.

CURRENT EDITORIAL COMMENT.

SUCCESS.

Kansas Medical Journal.

If you ask how to become a successful practitioner you must first define your idea of success. It is not impossible that one may combine a lucrative practice with social distinction and scientific ability; but to every man one of these alone is the most desirable, and the attainment of that is his idea of success.

ECONOMY BY THE GOVERNMENT.

Medical Record.

The American Congress is often foolish in its extravagances, but it never betrays a greater imbecility than in some of its attempts at economy. One of the most shortsighted and unnecessary of these penny-wise efforts was the reduction in the army medical staff, passed last winter, whereby the country is saved $30,000 a year, and the efficiency of the medical department is seriously threatened.

THE IDEAL IN MEDICINE.

New York State Medical Reporter.

The difference between an ideal and its realization confronts us in every relation of life, but is most apparent in those callings in which a high standard of ideals is a necessary postulate of the successful prosecution of an otherwise not too pleasant or too profitable series of duties. Nowhere is such a high ideal standard more necessary than in the practice of medicine. Dealing as it does with the deformities, the diseases, the vices of mankind, it throws into the background the esthetic and pleasing side of life.

SERUM THERAPEUTICS.

The Lancet.

Now that there is every prospect of a general trial in diphtheria of the remedial agent which has been obtained according to the fullest knowledge of the nature of the disease gained by the researches of recent years, it is above all things necessary that the conditions of performance of this gigantic therapeutical test should be well weighed and formulated and the results carefully and dispassionately sifted. It will not do to be content with the fragmentary results of isolated observers with no guarantee that the cases were really diphtheritic or that the treatment was carefully applied. The practitioner must not employ the remedy without close observation of its effects and a faithful record of them.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXII.—No. 12. BALTIMORE, JANUARY 5, 1895. Whole No. 719

ORIGINAL ARTICLES.

CLINICAL OBSERVATIONS UPON THE RELATION OF SOMATIC DISEASES TO MENTAL DERANGEMENT.

By George H. Rohé, M. D.,
Superintendent of the Maryland Hospital for the Insane, Catonsville, Md.

In its ultimate etiology, all derangement of mental function is dependent upon some disturbance of nutrition of the body; hence all mental derangement has a somatic origin.

This disturbance of nutrition may be due to toxic substances in the blood, whether introduced from without (alcohol, drugs, poisons), or the product of the bodily functions themselves (so-called autointoxications with ptomaines and leucomaines). The disturbances of nutrition may also be associated with, or dependent upon, actual structural alterations in the brain itself, or upon organic disease in other organs which influence the brain and its functions indirectly.

It is to this last class of cases that I propose to restrict myself this evening, and in the cases cited I hope to show a distinct relation between the somatic disease and the mental disturbance.

I may say that I should consider it of little value to relate a number of histories of cases, no matter how interesting in themselves, unless some practical end could be secured. As the careful observation of some of these cases has been helpful to me in the management of similar ones, I trust their record may be of service to others. This is the sole object of this paper.

When an individual persistently adheres to a belief which can be shown to healthy minds to be false, we say he is the victim of a delusion. Insane persons are full of delusions. They form judgments out of which they cannot be reasoned, and yet which can be demonstrated to be untrue. We are, however, too prone, I fear, to assume the existence of a delusion when we cannot trace the belief to some existing condition. Now, in a considerable number of cases of melancholia there is a persistent belief that the bowels are impervious; that they are closed up and nothing will pass, and a persistent refusal to take food is sometimes based upon this belief. Inasmuch as, in these cases, the bowels do move naturally, or can be made to move with purgative medicine, the belief is generally regarded as a delusion by the physician. Now, it happens that in several recorded cases the belief has been shown to be a true one, not a delusion at all. Clouston has reported a case of melancholia with persistent belief of intestinal obstruction, in which the large intestine was found stenosed above the sigmoid flexure. I have had a similar case in the Maryland Hospital. The patient had been in the hospital about three years, during which time he had required forcible feeding nearly constantly. His constant complaint was that nothing would pass through his bowels. A careful physical examination failed to show any abnormal condition of the abdomen, but after death the descending colon was found contracted to a diameter of not over half an inch for a distance of six inches. Another case

like this has been reported, although the authority has escaped my memory.

In such a case the exploration should be carried farther and the true condition ascertained. It is probable that a resection of the intestine in the cases reported by Clouston and myself would, by removing the obstruction, have acted favorably upon the mental derangement.

Other delusions, doubtless in a like manner, depend upon abnormal structural conditions. Dr. C. B. Burr, formerly of the Eastern Michigan Asylum, has placed upon record the history of a female patient with delusions of change of sex. An abdominal enlargement, with pain and metrorrhagia, led to an examination which demonstrated the presence of a fibroid tumor. This was removed and the patient's mental condition decidedly ameliorated. Other cases have been reported, in both sexes, in which sexual delusions have been associated with structural alterations in the reproductive organs.

Burr found a case of melancholia associated with structural disease of the testicle. Removal of the diseased organ resulted in a cure of the melancholia.

I have placed upon record a number of cases of insanity, in women, associated with diseased conditions of the pelvic organs. In the majority of these the removal of the diseased organs was done with mental recovery in 30 per cent. of the cases. Other cases, in which the presence of physical disease was ascertained by examination, but where operation was not permitted by the relatives, still remain insane. Some of the most striking recoveries occurred in cases who had been a number of years insane, and in whom all hope of cure of the mental derangement had been abandoned. One of these was perhaps the filthiest and most troublesome patient in the hospital when I took charge in 1891. She had then been an inmate for four years, having been admitted as a case of puerperal mania. The exacerbation of symptoms during the menstrual periods led to a physical examination which revealed a deeply lacerated and eroded cervix, with some pelvic induration and adhesion of the left ovary. No hope was indulged that a cure of the mental condition could be obtained in this case, but the physical disease alone was believed to justify the rational treatment of the diseased organs. Abdominal section, with removal of the appendages, was done on December 15, 1891. Recovery from the operation followed without noteworthy incident. The patient gradually improved in her mental condition, and to my great surprise finally recovered completely. She was discharged from the hospital on November 30, 1893, and has remained well ever since. Of the nine complete recoveries, none have had a recurrence of the mental derangement. All of them, with one exception, who died since her discharge, are at home doing their usual household duties, or out at domestic service.* A considerable proportion of those who remain have been much improved in their mental state since the removal of diseased organs, which were probably sources of peripheral irritation.

I cannot avoid referring here to a case that would ordinarily be diagnosed as hysteria. While there were on admission distinct symptoms of maniacal exaltation, these soon passed away and the case apparently simply remained hysterical. However, a physical examination revealed enlarged and tender ovaries, which on abdominal section were shown to be the seat of hematomata. Removal of these diseased organs resulted in prompt and complete cure. I have recently seen another case of marked hysteria with convulsive seizures probably depending altogether upon a spinal lesion. In a case of hystero-epilepsy of eight year's duration the removal of the moderately diseased ovaries produced a complete cure. Numerous cases of the same kind are reported by others.

A pertinent observation has been made by a recent writer upon this subject. He says if it is true that the treatment of diseased pelvic organs in

*Since this paper was written one of these patients, who was taken from the hospital too soon after the operation, has had a relapse. She is, however, again improving in her mental condition.

insane women benefits the mental condition, then these women should never have been sent to an asylum. The family physician should have discovered the local disease and cured it before the woman became insane. This is applicable in a greater or less degree in other bodily diseases which are known to be causative of mental derangement.

The danger of the extension of inflammation of the ear to the cerebral meninges is generally appreciated, but not sufficient attention is paid, in my opinion, to the influence of ear diseases in early life on the development of insanity at a later period.

Recent researches by Bjeljakow have shown median otitis in a proportion of 18 per cent. of autopsies in the insane. Hallucinations of hearing are not infrequently due to middle and internal ear disease. If they continue they may lead to mental derangement. In one of the patients in the Maryland Hospital who has extremely troublesome aural hallucinations, the insanity was immediately preceded by an erysipelas of the scalp. There seems reason to believe that in this case the inflammation extended to the meninges through the auditory passages. In another man who had periods of excitement alternating with depression and who was constantly sticking broom-straws and other small articles into one of his ears, there was a history of a former injury to the ear. An examination showed the auditory canal filled with granulations discharging offensive pus. There was also swelling of the scalp behind the ear, and of the neck, with moderate fever. Suspecting mastoid disease, the bone was laid bare, but was found apparently healthy. The auditory canal was thoroughly curetted, washed out with sterilized water, and a drainage tube passed into the ear. The fever and swelling promptly abated and the patient's mental condition improved very decidedly. The discharge from the ear and the tendency to pass sticks and straws into the meatus ceased altogether. The patient, who was formerly somewhat dangerous during his periods of excitement, became quite good-natured and was afterwards removed to the almshouse of his county, where he continues to do well. It might have been better in this case to open the cranial cavity, but there seemed at the time not sufficient indication for the graver operation.

While upon the subject of cranial operations, I may refer to a case of a man who sustained a fracture of the skull several years ago and finally became insane. Dr. J. D. Blake, under whose care he passed when his insanity first developed, recognized a depressed fracture in the parieto-frontal region and removed some of the bone by trephining. The patient improved, but afterward again became deranged and a second operation was done, the same operator removing more bone. Although he improved sufficiently to be able to return to work, he finally became unmanageable and was admitted to the Maryland Hospital in 1891. In April, 1892, I exposed the skull for the third time and removed more bone, leaving a defect of two by three inches. He recovered from the operation without a bad symptom and his mental condition improved to such a degree that he was paroled home six months afterward. He returned to work and seemed to be permanently restored. In a little over a year, however, he was readmitted and is now in a state of moderately advanced dementia. In this case there seems little doubt that a cranial operation at the time of the injury would have prevented the subsequent insanity.

Diseases of the kidneys are now generally recognized as being frequently the cause of mental derangement. Early treatment of the renal disease would doubtless often prevent the subsequent insanity. The mental symptoms in these cases are always worse when the blood is charged with the toxic products of tissue change. I could cite a number of cases bearing upon this point if time permitted.

Heart disease is frequently associated, probably in a causative capacity, with insanity. Strecker has found heart lesions in 52 per cent. of the bodies of the insane examined post-mortem, while in the sane the proportion is only 25 per

cent. The autopsies in the Maryland Hospital during the past two years (58 in number) show heart lesions in exactly 50 per cent.

Some authors, notably Clouston, dwell upon the relation of phthisis to insanity and even speak of a phthisical insanity. In my opinion, the phthisis is in most cases developed in the insane hospital after admission. Examination of patients on admission has not shown any unusual prevalence of phthisis among them. The large proportion of phthisis among the patients in an asylum is due, as I have pointed out heretofore (The Extinction of Tuberculosis, Transactions of the Medical and Chirurgical Faculty of Maryland, 1894), to communication or infection with the tubercle bacillus.

In a paper read before the Medical and Chirurgical Faculty of Maryland in 1893, Dr. H. M. Hurd called attention to the occurrence of insanity as a sequel of typhoid and other fevers. Dr. Osler has also discussed this untoward sequel in one of the Johns Hopkins Hospital Reports. A case of post-typhoid insanity was admitted to the Maryland Hospital during the past year in which the patient was totally unable to retain anything in the stomach. His weakness was so extreme that death from exhaustion was imminent. For over twenty-four hours attempts to feed him with the stomach tube failed because everything was immediately vomited. He was then nourished for three days by the subcutaneous infusion of a nutritive salt solution as first practiced in this hospital. (See paper by Dr. M. D. Norris, Assistant Physician, Report of Maryland Hospital for the Insane for 1893.) After this he began eating with avidity and rapidly recovered his strength and normal mental condition. From what I have seen of post-febrile insanity, I am inclined to regard it as due generally to a septic toxemia.

Of course cases of insanity occur not infrequently where disease of organs outside of the cranial cavity cannot be shown and where autointoxication can be excluded Even in these cases, however, we are not justified in speaking of a disease of the mind. We must assume, if we cannot always demonstrate, a physical basis, either in the brain or other organs or tissues of the body, upon which the derangement of mental functions depends. And if the organic disease is found, it and not the secondary functional disturbance must be the primary object of our treatment.

A CASE OF EXOPHTHALMIC GOITER TREATED DURING TWO YEARS WITH TINCTURE OF STROPHANTHUS.

By Charles O'Donovan, M. D.,
Baltimore.

On January 1, 1892, I was called in to see M. T., white, female, an orphan since childhood, unmarried, aged 36 years, who was suffering from exophthalmic goiter, and who gave the following history:

As long as she could remember she had been always thin and delicate, of a nervous, excitable disposition, with a poor and capricious appetite. She had always a cough since childhood, and once, about eight years ago, she had expectorated a few mouthfuls of blood, but there had been no return of this symptom. Her greatest weight in the past had been 120 pounds, but she weighed at the time that I saw her 110 pounds. Her height was about 5 feet, 6 inches.

She menstruated for her first time at 18 years, but had never been regular, having missed her periods entirely between her twentieth and twenty-second years, and at several times she had missed for five or six months. She had been regular during the last two years.

Her periods when I saw her first lasted for three days and her flow was rather scanty ; she suffered some pain before the flow and during the first two days. She had first noticed the swelling in her neck when she was 23 years old, when it came on after exposure to

the contagion of mumps; but whether she had mumps, or whether, looking for mumps, she noticed the goiter which had for a long time existed unnoticed, or whether the goiter developed either during or after an attack of mumps, she is uncertain, but she and her family have always connected the two together.

Ever since she has been able to work she has been compelled to support herself by sewing, always doing hand work, and for several years the work has been very fine and delicate, to which she has attributed the eye protrusion and stoop of shoulders which are so prominent in her case.

So much for her past history; her condition at my first visit was as follows: She was confined to her bed, to which she had gone during the last two days because of increasing dyspnea with rapid, fluttering action of the heart; her pulse-rate varied between 130 and 150, being rapidly accelerated by any excitement, even the slightest, such as the closing of a door or the appearance of a stranger in the room; the pulse was weak and also intermittent at times. The pulsation of the carotids was very marked. She complained chiefly of a sense of suffocation that compelled her to be propped up on pillows, and a craving for air that was insatiable; although the weather was cold she had the window open near her bed, and objected strongly to having it closed.

She was extremely restless, constantly changing her position in bed, and never comfortable for more than a few moments in any one posture. Her appetite was lost, even the simplest foods being hard to retain and digest. She slept very poorly, waking frequently during the night with a sense of suffocation, or starting up in a nervous fright from some unpleasant dream. She coughed a good deal, but her expectoration was scanty, a little tenacious mucus at most. Her extremities were always cold and slightly blue from deficient circulation, yet she felt always hot and would uncover herself if not watched. Her heart sounds were normal, although the action was jerky and irregular. The urine was pale, but contained no albumen. Exophthalmos was pronounced, both eyes protruding so that the lids seemed tightly drawn over the balls; vision was perfect. The ophthalmoscope was not used.

The goiter was not large, but was unmistakable. She was kept in bed, with careful attention to her diet, and iron and digitalis were ordered for her. Each day her condition grew worse, her heart acted more rapidly and feebly, her sense of suffocation increased, her appetite failed completely, so that she would take next to no food. So much had she failed that by the first week in February her case seemed hopeless. The little food that she took was aided by stimulants in increasing quantities, until on February 6 she could take only a little white of egg and sherry, and she seemed about to die.

She lay unconscious except when urged to take her food, which she always resisted, but which was fed to her with a spoon in small quantities, repeated as often as possible. By this time her pulse-rate was 160 to 170, and so small and thready that it could hardly be counted. As a last resource I ordered tincture of strophanthus in ten drop doses every four hours, and no other medicine, all energy being directed to nourishment. The next day her pulse was distinctly stronger and slower, about 155 to 160, and she seemed a trifle easier. The dose of the strophanthus was reduced to ten drops three times a day. Day by day she gradually improved, growing brighter and stronger, taking more nourishment, complaining less of suffocation and faintness, until after four weeks she was allowed to get out of bed, and gradually got about.

For two years she continued without intermission to take ten drops of tincture of strophanthus. She was able during that time gradually to assume the duties of keeping house, cooking, sweeping and cleaning up about the house. Several times she had attempted to return to her sewing, but whenever she stuck at it regularly she would fail in health.

In February, 1894, two years after I saw her first, her condition was as follows: Pulse 126, weak and intermit-

tent ; her heart sounds were normal, but irregular ; her weight was 108 pounds. She had pains in her back and limbs, sometimes very severe ; she was nervous and fidgety, especially at night, when she would often feel like suffocating and must have air. Her appetite was usually good and digestion fair, but she soon tired of any food and must have changes ; her tongue was fairly clean, but large and flabby. She was very thin, stooped like an old woman and presented generally a very miserable appearance.

She often noticed at night that her feet and ankles were swollen. She coughed a great deal, especially at night, and expectorated considerable white mucus ; sometimes the expectoration would be yellow ; there was nothing in her lungs except some few bronchial rales in the medium sized tubes. The goiter had lessened distinctly in the two years and the exophthalmos was a little less, although still very pronounced.

Since Feburary last I have heard that she has been steadily at work, but I have not lately been able to see her.

AN INTERESTING CASE OF OBSTETRICS.

By Taliaferro Clark, A. B., M. D.,
Washington, D. C.

NOTHING tires the patience of the busy practitioner more than a tedious case of labor. Still, when uncomplicated, obstetrical cases illustrate better than any others to which the physician is called the *vis medicatrix naturæ*. On the contrary, when complications do arise, the skill and presence of mind of the practitioner are taxed to the utmost, incidents arising where the least hesitancy would result disastrously, probably sacrificing the life of the mother, the babe, or of both.

For many such exigencies we are forewarned, and fully instructed as to their management, by numerous writers on the science of obstetrics. Again, there are many cases in which the delicate balance in the struggle between life and death is measured, not so much by rule and precept, as by the tact and individual resources of the obstetrician. These preliminary remarks are made preparatory to reporting what I imagine to be a somewhat rare, interesting and, at the same time, a most instructive case.

I was recently hastily summoned to the bedside of a lady whose confinement I had been daily expecting. On my arrival I found the patient having but slight pains, but was informed that just before sending for me she had experienced such a severe one as to warrant her in anticipating a speedy delivery, as was usual with her. Upon examination I found the os dilated to the size of a silver dollar, soft and dilatable ; the vagina moist ; and I then assured my patient that a few strong pains would soon bring about the result so greatly desired.

I might here digress to state that one year previously I was first called to see this lady, and made the following entry into my case book :

"Mrs. H., age 40 ; nativity U. S., plethoric, nervous, mental development above the average, corpulent, mother of six children (age of the last child, 15 months. Menses, first at 9 ; lactation, during menses ; character, normal ; recurrence, every four weeks ; duration, ten days ; amount, normal."

Two weeks before her last confinement, a chair falling over struck her on the abdomen. On the night of her delivery, she was surprised while urinating, as she thought, to find a large amount of blood in the vessel. A physician was sent for, but the bleeding had stopped before his arrival, and the child was delivered soon after. The physician attributed the bleeding to the blow received upon the abdomen two weeks previously.

Present symptoms : Patient very nervous and irritable ; peculiar neuralgic

pains in different parts of the body; flashes of heat, followed by cold; a sense of "a hole in the small of her back;" just before each period an oppressing sense of weight and fullness in the abdomen. Two months ago, at her regular period, she lost an excessive amount of blood; she had been flowing for the last two weeks and was still flowing at the time of my visit. Physical examination was refused. Diagnosis, problematic. Treatment, tonic and symptomatic.

Later, patient experienced profuse hemorrhage at her regular period. This time I curetted the uterus and packed it with iodoform gauze. No more bleeding.

To resume: I remained all night at the patient's house. The pains were so slight as to disturb her rest but little. The next morning I administered fifteen grains of sulphate of quinine and followed this an hour later by a copious vaginal injection of very hot water, one per cent. carbolic acid. There was no increase whatever in the strength or duration of the pains, only "a slight rumbling," to use the language of the patient. I then informed the husband of the necessity of using the forceps and, having obtained his consent as well as that of his wife, I called in Dr. E. L. Tompkins, to whom I am indebted for efficient assistance.

The patient now stated the pains were, if anything, more fleeting and less strong than even two days previously. The os being sufficiently dilated, Dr. Tompkins agreed with me that the application of forceps was urgently indicated to save the child, and accordingly the patient was immediately partially put under the influence of chloroform. During the escape of amniotic fluid incident to the application of the first blade of the forceps, a hand came down, rendering the introduction of the second blade somewhat more difficult.

Up to this point we have been dealing with a case of uterine inertia pure and simple, a not infrequent complication in women who have borne many children. But now, while no more traction than usual was being made downward and backward, rupture of the venous plexus of the bulb took place, a spurt of blood fully as large as the ring finger striking the nurse two feet distant. The amount of bleeding was alarming. In the few seconds necessary to grasp the bleeding points with the fingers and to control the hemorrhage by pressure against the pubic arch, the patient was blanching visibly. It was then decided to deliver the child at once, a fine, healthy boy.

A more deliberate examination now revealed a tear extending from three quarters of an inch to the left of the meatus urethræ downward and outward for an inch and a quarter. A deep ligature was applied above and below without controlling the bleeding, it being necessary to quilt the edges of the tear, thus effectually stopping all hemorrhage. The placenta was then found in the vagina and easily extracted.

A tear in the perineum, due to the necessarily hasty extraction of the child, was sutured, and the patient given a hot one per cent. carbolic douche, and a piece of absorbent cotton wrung out of a 1-2000 solution of corrosive sublimate was placed over the vulva, to be changed when necessary.

Fully two hours elapsed before the uterus would remain contracted, despite the exhibition of drachm doses of the fluid extract of ergot. On the eighth day the sutures employed to quilt the tear were found lying in the vagina, and those in the perineum were removed.

On the twelfth day the patient attempted to sit up, and had a chill, followed by some fever. The administration of a cathartic, followed by an enema of warm soapsuds, caused the passage of some hardened feces, despite the fact that the patient had been taking the compound liquorice powder, and had had a fairly good action the day preceding. These measures promptly relieved all untoward symptoms, though the patient is still quite weak and of course anemic.

I report this case, not so much for men of wide and varied experience, but more especially for the young practitioner, because it is often the case that while gunning after big game and grasping the greater truths of our profession, the little things that go so far toward making the successful doctor escape

notice, to his detriment and his patient's jeopardy.

Furthermore, writers on obstetrics do not always dwell upon these minor complications sufficiently to impress the student with their gravity. One writer dismisses the subject with the remark, "let the bleeding alone, it will often stop of its own accord." That may be the case, but I am sure it would only have stopped with the death of the patient in this instance.

With respect to the bleeding at this patient's preceding confinement, it may have been a marginal placenta previa in which strong pains, coming on at once, fortunately controlled the bleeding. Again, it may have been a rupture of the bulb of the vestibule similar, but not to so great an extent as the one reported, and which did stop of its own accord. It has often occurred to me that many cases of bleeding, post-partum and otherwise, in persons not ordinarily "bleeders," are not always due to an atonic state of the vessel walls or inelasticity of the surrounding tissues, as is in the majority of instances the case, but to some abnormal and, as yet, undiscovered condition of the blood by reason of which it does not clot as readily as it should. Such being the case, an oozing from a slighter tear than the one reported, remaining undiscovered, might easily be mistaken for post-partum hemorrhage, leading to consequences grave, if not even fatal.

Electricity in Gynecology.—Dr. G. Apostoli of Paris, the ardent advocate of the use of electricity in gynecology, thus concludes an elaborate article in the *American Journal of Obstetrics:*

Intrauterine electrotherapy (faradic, galvanic, or sinusoidal) as advocated by me, prudently, rationally, and patiently applied, merits to remain at the head of conservative gynecological therapeutics for the following reasons:

1. Because in most cases it assures a symptomatic relief which often takes the place of cure.

a. Sovereign in its effects on endometritis and the principal functional troubles (amenorrhea, dysmenorrhea or metrorrhagia).

b. Very efficacious against non-cystic fibromata.

c. Often useful—not always—in non-suppurative periuterine inflammation.

d. Powerless, of itself alone, against cystic collections of all kinds, and suppurating lesions of the pelvis or vicinity.

2. Because in the cases where it is inefficacious its failure to benefit can be made use of (by the attentive and harmless study of its reactions during and after application) to clear up or confirm a doubtful diagnosis, and thus to show the necessity of and hasten a surgical interference delayed or already refused.

3. Because if the immediate symptomatic results of its application are generally favorable, the ultimate results offer no less interest by reason of the subsequent pregnancies observed.

Eighty women treated by me, and solely by intrauterine electrical applications, have had, namely, after a variable delay, but most often after the end of treatment, one or more consecutive pregnancies, which at once testifies to the symptomatic and functional efficiency of the treatment.

In conclusion, I maintain that gynecological electrotherpy, far from being hostile to surgery — on the contrary, often pointing out the way and showing the legitimacy of its indications—claims an important rôle, whether it be, as in many cases, to avoid a dangerous and useless mutilation; or, as in others, to emphasize the necessity of operative interference; or, in fine, in certain cases to complete the work of surgery which has exhausted its means, and aid in the most efficacious and prompt manner in the complete relief of symptoms and restoration of functions.

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Splenic Extract in Malaria.—Dr. Cousin reports, in the *American Medico-Surgical Bulletin*, two cases of malarial cachexia treated with benefit by subcutaneous injections of splenic extract.

SOCIETY REPORTS.

THE CLINICO-PATHOLOGICAL SOCIETY OF WASHINGTON, D. C.

MEETING HELD NOVEMBER 20, 1894.

The meeting was held at the office of Dr. Beatty.

The Vice-President, Dr. Deale, called the Society to order.

Members present: Drs. Beatty, Bowen, Clarke, Compton, Deale, Dillenback, Ellyson, Halden, Leech, Minor, Richardson, Sprigg, Tompkins, Van Rensselaer, Wellington, Wilmer. Visitors: Drs. Jaishon, Morse and Johnson. Minutes of last meeting (November 6) read and approved. Business Committee reported favorably on the name of Dr. Shands for active membership; also reported Dr. Leech as next essayist, Dr. Muncaster to open the next discussion; place of next meeting, Dr. Mackall's. Publication Committee reported some progress in the matter of having the transactions of the Society printed in some medical journal of good standing. Dr. Tompkins read a letter from the editor of the *Virginia Medical Monthly* on this subject. The Committee was instructed to continue consideration of the matter.

Dr. J. W. Bayne was elected an honorary member by ten affirmative to four negative votes. Dr. Minor's resignation as an active member was considered and accepted.

The names of Drs. Frank Leech, Ruffin, Butler and Shands, being on the waiting list, a vote was taken as to which of these gentlemen should be selected for election to membership. Dr. Leech was selected and the secretary was instructed to cast the vote of the Society for Dr. Frank Leech. By request, Dr. Minor was privileged to read his paper on the MICROSCOPICAL DIAGNOSIS OF MALARIA before the Medical Society of the District of Columbia.

Dr. Tompkins presented the stomach of a white man, aged 55 years, who had suffered with dyspepsia for two years before the last illness. Three weeks before death he had a hemorrhage from the stomach; had three hemorrhages in all. Diagnosis, scirrhus cancer of stomach. Post-mortem confirmed the diagnosis. Diagnosis was made on the absence of free hydrochloric acid in the gastric juice. Patient died of hemorrhage.

Dr. Beatty cited two cases of smallpox, with some remarks concerning the early diagnosis of the disease.

The name of Dr. W. P. C. Hazen was proposed for active membership by Dr. Beatty. Endorsed by Drs. Richardson and Leech. Referred to Executive Committee.

Dr. Deale read the paper of the evening; title, PRESENT STATUS OF DIPHTHERIA.

Dr. Ellyson opened the discussion. He said that there could be nothing added to what Dr. Deale had written on the subject, except that we ought not to take too much for granted in considering the new diphtheria remedy, antitoxine, because, like all new remedies, it may be overrated. Up to date it has seemed to reduce the mortality of diphtheria very much.

Dr. Sprigg, being in the chair, spoke of a list of twenty cases of diphtheria published in the *Medical Record*. These cases were selected from children under five years old, unquestionably affected with diphtheria. The report goes into the history of the antitoxine as cultivated from the horse.

Dr. Richardson said he was much interested in Dr. Deale's paper. He had communicated with the New York representatives of Schering two months ago, and was promised some antitoxine, but did not get any, as the supply of horses gave out. This question of the ability to diagnose diphtheria in its early stages comes home to all of us. There are three or four cocci producing false membrane that are difficult to differentiate. Dr. Jacobi some years ago called attention to cases of follicular tonsillitis that were not treated with care enough. These remarks, from a clinical standpoint, caused consternation, but we have found how timely were his ideas. Some of us have been brought face to face with the fact that simple tonsillitis may be specific or diphtheritic. He remembers two cases in his own practice, of apparent simple tonsillitis that, although

isolated, infected other children in the same house with true diphtheria, the two children last affected dying in five or six days. In the same way we have seen collections of membrane that looked like diphtheria, but microscopic examination would show no Klebs-Loeffler bacilli.

In regard to local applications or treatment in diphtheria, they met with little favor at his hands, and he had some time since discarded them altogether. Constitutional treatment is all-important.

As to antitoxine, we are living in hope that the astonishing results from the Old World will be what we hear of them. The general endorsement of it in Europe would cause us to look favorably upon it.

Dr. Jaishon said that in subjecting the matter from the throat of suspected diphtheritic cases to microscopical examination we should bear in mind never to use any antiseptic applications or sprays for at least two hours before the culture is taken. If the spray has been used lately we should break the membrane, and introduce the needle inside the false membrane and you will get the germs. Diphtheria organisms grow more rapidly in blood serum than any other organism. He cited a case at the Children's Hospital. The throat of the patient was examined for diphtheria germs, and under the microscope the Klebs-Loeffler bacillus was found. The child was nearly well in three or four days, so that some doubt of the diagnosis existed. Two weeks after this an otitis media developed and when the tympanum had ruptured some of the discharge was examined and the Klebs-Loeffler bacillus was found. The child died of meningitis and the bacilli were found in the meninges. A guinea pig and a rabbit being infected with the culture died in 48 hours. When we find pseudo-membrane in a throat it is safe to treat such cases as true diphtheria, for we so often have both. This is the safest plan. Tricresol 1-1500 solution is the latest and best local application. Antitoxine, in his opinion, is a good thing; it is a preventive, as well as a cure.

CORRESPONDENCE.

THE CORSET MUST GO!

Editor MARYLAND MEDICAL JOURNAL.

Dear Sir:—I have read with much interest your editorial on "Woman's Dress" in the issue of November 24.

Intelligent and highly artistic women in good society have formed "Physical Culture and Correct Dress Clubs" in various cities of the Union, notably in Albany, Chicago, etc., and hold dressmakers' clinics for the benefit of just such morbid figures as our writer claims need the corset, in the interest of decency and anti-sloppiness. Now, I feel very confident that it is the corset idea and reality that makes obesity so frequent among well-to-do women, and that its use has done more to mar the human figure, and encourage the repulsive dairy and abdominal exhibits, than has intemperance in eating and drinking.

Many men take on an appearnce of pregnancy for the same reason, viz: inactivity of the diaphragm, and disuse added to undevelopment, of the abdominal muscles. My opinion is that the natural cure for obesity is by deep inspiration and forced abdominal musculation. These are the active processes of combustion of fat through oxidation, and the latter muscles are selected to localize, somewhat, the action desired.

If a woman can get an excuse for not bending her back she never fails to embrace it.

The need of support is conclusive evidence of the damage already done.

A woman properly educated for motherhood will never wear tight clothing of any kind. It violates all canons of art, grace, beauty and health. It is an outrage upon the growing tenant of the womb. It brings the husband "a dowry of backaches, headaches, and spineaches" (Goodell). It makes parturition a pathological process, and leads up to refusal and violation of the obligations of marriage. The "Corset" is the fittest emblem for the gynecologist's crest. (The "O" seems to stand for "ovary," *remove* it and a slight verbal hysteria will reveal the word "crest.")

Let the marriageable young man consider these things *now*, and marry women—not faces, automata and clothes. These ideas are far from visionary. Hundreds of women are dressing sensibly and growing up physically fit for marriage. Physical training schools are really becoming matrimonial agencies.

Everybody wants the girl whose health is the basis of her beauty, and the guarantee of her temper and usefulness. Invalidism is played out. Hygeia gives the modern bride away, and her dowry reappears in her children and grandchildren. Verily her husband and offspring rise up and call her blessed!

E. M. S.

MEDICAL PROGRESS.

RICKETS IN NEGROES.—The presence of rickets among the colored race in the Southern States is very marked and Dr. George N. Acker of Washington, D. C., calls attention in the *Archives of Pediatrics* to the cases in his city.

The evil effects of freedom in a race that had always been taken care of in this country are very noticeable in the negroes. As slaves they had, as a rule, healthy homes, good food and attention. Thrown on their own resources, they generally succumbed to diseases peculiar to hardships and poverty.

They are notoriously shiftless and improvident. Great mortality is the rule among the negro race. They have been very prolific, transmitting diseases to their children and grandchildren. Syphilis, tuberculosis, rachitis and allied disorders have swept away many of them and spread disease among the survivors. Good sanitary surroundings and careful treatment will do much toward improving this condition.

***

RETRO-DISPLACEMENT OF THE UTERUS.—Malpositions of the uterus are difficult to treat and require skill and patience. Dr. Alfred C. Carpenter, in speaking of retro-displacements of that organ in the *American Journal of Obstetrics*, advises never to attempt to replace a retro-displaced uterus with the patient on the back.

If the pessary fails, the operation of hysterorrhaphy may yield good results. Another method is that of shortening the round ligaments. A third method is called by Dr. A. P. Dudley of New York, desmopycnosis. The objects attained by this operation are threefold:

1. It shortens the round ligaments without sacrificing any of them, sufficiently to hold the uterus in a position anterior to the perpendicular line of the body, by simply changing their point of uterine attachment and including with them the anterior fold of the broad ligament, across which the round ligament passes to reach the inguinal canal.

2. Denuding and firmly fastening the round ligaments to the anterior surface of the uterus thickens and gives extra support to the latter.

3. By this procedure you succeed in maintaining the uterus in a normal position without fastening any portion of it to the anterior abdominal wall.

Dudley claims the following advantages for this method over either hysterorrhaphy or the Alexander operation:

1. It corrects the displacement by utilizing the natural supports of the uterus without sacrificing any of them.

2. The proper diaphragmatic action of the pelvic floor is not interfered with.

3. The bladder is not imprisoned in the least and its proper action is undisturbed.

4. There is no chance for intestinal adhesions about the line of sutures, for the latter lie in apposition to the posterior surface of the bladder, and adhesions taking place at this point simply elongate the utero-vesical junction.

5. In case of impregnation the uterus is free to rise in the abdominal cavity.

6. The use of catgut as a suture material in the operation does away with the dangers of the formation of sinuses by the ligature.

***

THE LEUCOCYTES IN CROUPOUS PNEUMONIA.—Dr. John S. Billings, Jr., reports, in the *Johns Hopkins Hospital Bul-*

letin, a series of cases in which he examined the blood in acute croupous pneumonia, from which he draws the following conclusions:

1. In cases of pneumonia pursuing a favorable course there is, as a rule, a marked increase in the number of the leucocytes during the febrile period of the disease. This leucocytosis is probably present at the time of the chill, and may be very marked within a few hours. There is no correspondence between the daily temperature and leucocyte curves during the febrile period.

2. In those cases in which the temperature curve falls by crisis, the leucocyte curve begins to fall within a few hours of the same time. The fall of the latter is only partial, however, and rarely reaches normal as soon as the temperature curve, generally taking about 48 hours longer. In cases ending by lysis the two curves fall together, the temperature always reaching normal first. In cases of delayed resolution the leucocytes may remain elevated for days.

3. In a majority of the cases the leucocyte curve rises during the period of fall of temperature, and may reach its maximum at that time. Such a rise is only transient, however, and is soon followed by a fresh fall.

4. In cases showing extensive involvement of both lungs, the leucocytes are apt to reach a higher point than in those cases where the involvement is only moderate. The correspondence of lung involvement and amount of leucocytosis is a very rough one, however.

5. The fatal cases may show either the presence or absence of leucocytosis. In those cases showing a leucocytosis, some other cause of death than the virulence of the bacterial poison must be sought for.

6. The prognosis in cases showing a complete and continuous absence of leucocytosis is unfavorable as a rule. A continuous absence of leucocytosis is the exception, most cases showing a leucocytosis at some period of the disease. The possibility of the absence of leucocytosis being due to extreme mildness of the disease must not be overlooked.

7. The leucocytosis in pneumonia is a so-called pure leucocytosis, *i. e.*, an increase in the polynuclear elements solely. In cases showing no leucocytosis, the blood condition according to the observations here reported is normal. Further investigations are necessary before the work of previous observers can be positively contradicted.

8. The presence or absence of leucocytosis only shows the virulence of the bacterial poison. It is not a criterion of absolute prognosis.

* * *

Effects of Sea Air. — Lindemann (*British Medical Journal*) gives various observations made both during a long stay at Heligoland and in the course of an ocean voyage. The most marked effect as observed in individuals accustomed to town or country air is produced on the circulation, which tested by the sphygmograph showed a slower pulse, as also higher and steeper curves. This, as well as the deeper and larger inspirations, the author ascribes to the stimulating properties possessed by sea air, on account of its mechanical admixture with salt and the greater force of the wind; the skin temperature is also more permanently reduced by sea than land air. As regards sea sickness, its effects are also to retard the pulse, but at the same time very much to lower its force. However, these effects rapidly pass off, and the author's sphygmographic charts show the condition of the pulse in a healthy individual before embarking, during an attack of sea sickness and afterwards, and also the continued improvement for some weeks after landing.

* * *

Yeast-Nuclein in Tuberculosis.— Dr. Victor C. Vaughan reports in the *Medical News* the treatment of a number of tuberculous cases with hypodermic injections of impure yeast nucleinic acid with potassium hydoxide. While the results are not brilliant, still he thinks they are sufficiently encouraging to warrant a continuation of the work. His conclusions are :

1. In pulmonary tuberculosis which

has progressed to the formation of cavities, nucleinic acid from yeast will not produce a cure. Unfortunately, these are the cases that we are expected to cure. These are the cases in which any proposed remedy for the disease will be tried, and I wish to state here most emphatically that I do not claim anything for nucleinic acid in these conditions. Indeed, I know, probably better than any one else, of how little value this agent is in these cases.

2. Even when the tuberculosis is of long standing, and when the extent of tissue involved is great, *so long as secondary infection with pyogenic germs has not occurred*, the proper use of the remedy may *retard* (I do not say arrest) the progress of the disease.

3. In initial cases of pulmonary tuberculosis, when there is no secondary infection, and when the area involved is small and the resistance of the patient not too much reduced, the proper employment of this agent may produce at least a temporary cure. I say "at least a temporary cure," because none of these cases has been under observation a sufficient length of time for me to say that the bacilli will not reappear.

4. In the few cases of urinary tuberculosis that I report in this paper the results have been remarkably satisfactory.

* * *

Rapid Detection of the Typhoid Bacillus.— Lyonnet (*British Medical Journal*) gives the following: An ordinary culture bouillon is taken and decolorized with animal black, and 1 per cent. of phenic acid and 20 per cent. of lactose is added, with a small quantity of Congo red. Owing to the phenic acid only the typhoid bacillus and bacterium coli are able to grow in it. If the typhoid bacillus be present, the milk sugar does not ferment; the bouillon becomes cloudy, but remains red. If the coli bacillus be present, the bouillon becomes cloudy, the milk sugar undergoes fermentation, and lactic acid is formed, which changes the color of the bouillon from red to violet. Hence, if the broth remains clear, neither the typhoid nor coli bacillus is present. If the broth becomes turbid but remains red it is probably due to the presence of the typhoid bacillus. Lastly, if the broth becomes turbid, but at the same time is changed to a violet color, the presence of the coli bacillus may be inferred.

* * *

Baldness due to Dyspepsia.—The *Charlotte Medical Journal* says that dyspepsia is not only one of the most common diseases, but it is also one of the most common causes for the loss of hair. Nature is very careful to guard and protect and supply the vital organs with the proper amount of nutriment, but when she cannot command a sufficient quantity of blood supply for all the organs she very naturally cuts off the supply of parts the least vital, like the hair and nails, so that the most important organs like the heart, lungs, etc., may be better nourished and perform their work more satisfactory. In cases of severe fevers one can readily see how nature economizes. If one will examine a hair very closely from the beard or head it will be seen that it gives somewhat of a history of an individual during the time it was growing. It will be observed that it shows attenuated places, showing that at some period of its growth the blood supply was deficient from overwork, anxiety or under-feeding. Speaking of dyspepsia being one of the most common causes of alopecia, I will add that a very common cause of indigestion is irregularity of meal-hours. The human system seems to form habits, and it performs its functions to a great measure in accordance with the habits formed. This seems to be particularly so in regard to eating, and you might say drinking too. Your stomach gets into the habit of accepting your meals at a certain hour every day, and at that hour it is ready for it. If you, however, take meals at irregular hours you take your stomach by surprise, and it does not know when to expect a meal, and it is not in that state of readiness for prompt and perfect performance of its work. Be more careful about what you eat, when you eat it, and you will have less dyspepsia and fewer bald heads.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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SEE PUBLISHERS' DEPARTMENT, PAGE 222.

BALTIMORE, JANUARY 5, 1895.

THE recent removal, in a neighboring city, of a prominent and efficient physician from a hospital by a board of lay directors for some fancied wrong shows how little hospital work is appreciated by the public generally. Even were this a paid position, it is very certain that the pay was not in proportion to the work and by no means comparatively as large as members of other professions under similar circumstances would demand.

Appreciation for Services Rendered.

And just here it is fitting to speak of hospital appointments in general. There is no class of men who do more gratuitious work in hospitals and dispensaries than physicians, and it is their own fault if they persist in competing for positions which bring no money, little experience and scarcely any glory. Wealthy institutions readily pay all employed by them except the physician, who is supposed to be glad of the honor of allying himself with any public or endowed hospital or home which will tend to spread his name. The laborer is worthy of his hire and the physician certainly deserves what he earns, and it is high time that some stand were taken and physicians refuse to work for wealthy institutions without adequate compensation.

It is only fair to state that there are several hospitals in and near Baltimore that give a small compensation to their visiting staff and in this way they have succeeded in obtaining a good set of men who attend to their duties and are expected to do their work regularly. The general opinion has gone abroad that physicians will accept almost any position because of the opportunity for experience offered. This may be true of the young man and beginner, but after a certain number of years such work becomes routine and fails to be of any benefit to the physician and is too often performed in a perfunctory manner.

It will be no easy matter to convince physicians that they are working against their own interests when they give their services to institutions that can afford to pay for them. The hospitals connected with teaching bodies are, of course, of value to physicians because of the opportunities for advancement and the consultations which belong to such a position. It will take a great deal of backbone to break through the old tradition that the attending physician is the only one belonging to an institution who need not be remunerated with money, but who is repaid by the experience obtained and the acquaintance with the board of managers.

This is a reform which should receive the attention of the State and national societies and when needed reform is effected on this question the physician will be placed in a proper light and the institutions will have a better class of attending physicians whom they can call to account and control if they see fit.

* * *

THE falsity of many statistics is illustrated in the statement that is making the rounds of scientific journals to the effect that the British Medical Association, wishing an exact record of the influence of alcohol over the duration of life, charged a commission with the inquiry.

Misleading Statistics.

These observations included 4254 cases of death in five categories of individuals with the following average of each class: 1. Ab-

stainers, 51 years; 2. Moderate drinkers, 63 years; 3. Occasional drinkers, 49 years; 4. Habitual drinkers, 57 years; 5. Drunkards, 53 years.

This is not only contrary to the belief and experience of most persons but is against all known teaching and these very figures have been used by those ridiculing the prohibition question. The *British Medical Journal* gives the following explanation of these figures:

"The attempt to construe the statistics published by the Collective Investigating Committee of the British Medical Association as proving that intemperate drinkers live longer than teetotalers is quite unwarranted, and is in direct opposition to the conclusions of the reporters themselves as expressed in their report. Teetotalism, as they suggest, has only of late years been largely practiced in Britain, but drinking to excess has had great antiquity; therefore, the average age of living abstainers must be less than the average age of the rest of the community. So that the average age at death of abstainers being 53 years as against 58 in the case of drunkards at death proves nothing against abstinence. The accuracy of this explanation is proved by other tables given in the report. When deaths under 30 years were excluded, the average age of the abstainers was about four years more than that of the decidedly intemperate. When deaths under 40 were excluded, the average age of the teetotaler at death was more than five years greater than that of the intemperate. To guard against misrepresentation or misunderstanding, the Committee expressly stated that the returns reported on afford *no means* of coming to any conclusion as to the relative duration of life of abstainers and 'habitually temperate drinkers'; that habitual indulgence in alcoholic liquors beyond the most moderate amounts has a distinct tendency to shorten life, the average shortening being roughly proportionate to the degree of indulgence; and that total abstinence and habitual temperance augment considerably the chance of death from old age and natural decay."

This is what would probably occur to most sensible persons. There is, however, more in the question of temperance than the mere abstaining from alcoholic liquors, as the *Cleveland Medical Gazette* says. Physicians have occasion to preach temperance not only in harmful drinking, but in eating, exercise, in the government of the temper, in sexual appetite, and in the use of narcotics. The idea that any legislation to close the saloon and prevent the traffic in alcoholic drinks will prevent men from drinking is fanciful indeed. If the saloon is taken away something else must take its place and the reformer should be ready with a suggestion of practical utility. Man needs diversion and distraction at times and if he can be turned from the drinking saloon to some less harmful or harmless place he is more easily dealt with than if his place of dissipation be closed and no substitute for it offered.

Many attempts at desirable reforms fail because many good, conscientious advocates are not practical and exercise little tact.

* * *

Somatic and Mental Disease.

SPECIALISTS are supposed to occupy a plane above that of the general practitioner. Usually they have been in general practice first and by a process of exclusion have taken up a branch which they like best or in which they excel. Specialists in mental diseases have generally held themselves too far aloof from the other specialties and general practitioners and were inclined to get out of touch with the practice of medicine. At least that is what Dr. Weir Mitchell intimated in his surprising address on the insane asylum superintendent.

It is very gratifying, therefore, to notice in the article of Dr. Rohé in this issue that the relation between somatic disease and mental derangement is appreciated. Several cases are cited to show that delusions have been removed, conditions improved and even cures effected by proper attention to disease in other organs outside of the cranial cavity. Possibly symptoms and complaints in the mentally weak are too often passed over and ignored, when in reality such complaints have a foundation. This paper is valuable in that it calls our attention to the fact that in every case of insanity and allied troubles the whole body should be carefully examined and if there is complaint of any kind or if the patient call attention to any part of the body, this should be heeded and the parts examined and, as the author says, if organic disease be found, that and not the secondary functional disturbance should be treated.

* * *

IN days gone by the philosopher and man of science was supposed to be so deeply immersed in his studies that dress and personal appearance were neglected. The time has come when, all things being equal, the well dressed man stands a better chance of success. The surgeon who is a firm believer in antiseptic surgery must appear neatly dressed, with immaculate hands, to carry the weight of his theories.

MEDICAL ITEMS.

Dr. L. W. Knight has removed to 320 North Greene Street.

A medical library association has been organized in Grand Rapids, Michigan.

Dr. R. H. Timpany succeeds Dr. C. S. Miller as editor of the *Toledo Medical Compend.*

Professor Isidor Schnabl of Prague succeeds the late Dr. Ludwig Mauthner at Vienna.

An enterprising Swiss physician has succeeded in taking a photograph of the interior of the uterus.

Dr. H. A. Hare has declined the offer of the position of visiting physician to succeed Dr. Judson Daland.

The Pittsburg Health Department is rejoicing in a laboratory for investigating contagious diseases.

Dr. Senn is revising the American Text-Book of Surgery, the second edition of which will be published by Saunders very soon.

The fact that medical students in France are partially exempt from military service has caused a great increase of students at all the French colleges.

Dr. A. A. Ghriskey, formerly of the Johns Hopkins Hospital, has been elected bacteriologist to the Philadelphia Hospital to succeed Dr. E. O. Shakespeare.

The Buffalo Health Commissioner is asking the City Council for an appropriation to employ two bacteriologists to prepare antitoxine and study infectious diseases.

The Court of Appeals of Maryland has upheld the decision of the city law officers and the Health Department of Baltimore in disposing of milk not up to the standard.

The Flint Club had its annual dinner last Thursday night. All the members were present and a large number of guests. Many speeches were made and toasts proposed.

Dr. R. Harvey Reed, having been elected editor of the *Journal of the American Academy of Railway Surgeons*, has resigned his position as editor of *The Railway Surgeon.*

Exchanges are agitating the subject of abolishing evening office hours for physicians except by special appointment. Whatever these exchanges may say, it is very likely that each physician will do as he wishes about this matter.

One of the first acts of Mayor Strong of New York City was the appointment of Dr. Alvah H. Doty to succeed Dr. William T. Jenkins as health officer of that city. This appointment seems to meet with the approval of the profession of that city.

The State Board of Public Charities of Pennsylvania recommends, for the first time, that a colony for epileptics be established in that State, and asks that $300,000 be appropriated for the purpose. The need of such an institution has long been felt, and it is to be hoped the Board's recommendation will be carried out.

There is a movement on foot to present a testimonial to Dr. John S. Billings on the occasion of the completion of the Index Catalogue of the Library of the Surgeon-General's Office, United States Army. Dr. Billings has been most unremitting in this work and it is considered all the world over as the most complete and valuable reference work of its kind in any language.

The Association of Physicians and Surgeons of Cumberland, Md., convened at their usual place of meeting, Monday, December 18, 1894, with all the members present. After the transaction of the general routine business, Dr. George H. Carpenter read a very interesting paper on typhoid fever, which was followed by a general discussion, and owing to the importance of the subject the discussion will be continued at the next meeting.

The American Physiological Society had a very successful meeting in Baltimore last week. Papers were read by Drs. Franz Pfaff of Harvard, W. T. Porter, G. S. Curtis, G. Carl Huber, A. C. Abbott and others. Dr. F. S. Lee of Columbia University was elected a new member of the executive committee. This committee, which manages the Society, consists of the following: Prof. H. P. Bowditch of Harvard; Prof. R. H. Chittenden of Yale; Prof. W. H. Howell of the Johns Hopkins; Dr. F. S. Lee of Columbia, and Dr. W. P. Lombard of the University of Michigan. The following new members were elected: Dr. Alexander C. Abbott of the University of Pennsylvania; Dr. Franz Pfaff of Harvard; Dr. B. A. Levens of New York, and Dr. G. Carl Huber of the University of Michigan.

PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending December 31, 1894.

The order assigning Captain James D. Glennan, Assistant Surgeon, to duty at Fort Snelling, Minn., is revoked.

The order assigning First Lieutenant Henry A. Shaw, Assistant Surgeon, to duty at Fort Niobrara, Neb., upon the abandonment of Fort McKinney, Wyoming, is so amended as to direct him to report for temporary duty at Camp Merritt, Mon., and upon the completion thereof to proceed to Fort Snelling, Minn., for duty at that post.

Leave of absence for one month on Surgeon's certficate of disability, with permission to leave the limits of the Department, is granted First Lieutenant James M. Kennedy, Assistant Surgeon.

Leave of absence for one month, to take effect about December 24, 1894, is granted Major Robert H. White, Surgeon.

BOOK REVIEWS.

DIAGNOSIS, DIFFERENTIAL DIAGNOSIS AND TREATMENT OF DISEASES OF THE EYE. By A. E. Adams, M. D., Assistant Surgeon to Manhattan Eye and Ear Hospital, New York, etc. New York: G. P. Putnam's Sons. 1894. Price $1.25. Pp. 94.

In a little book of 94 pages the author gives in parallel columns the differential diagnosis between such eye diseases as are apt to be confounded. All that is said seems correct, and the book is open only to the general criticisms applicable to all such works: (1) It does not teach enough to be relied upon to the exclusion of other and larger works. (2) If one is familiar with the latter, he will probably not worry over a little hand-book, and (3) falling into the hands of a student, such a book is apt to be regarded as a safe substitute for the fuller works.

REPRINTS, ETC., RECEIVED.

Inoculation for Diphtheria and Croup. By C. W. Chancellor, M. D., United States Consul at Havre, France.

A Case of Chronic Peritonitis, with Intestinal and Abdominal Fistulæ; Enterorrhaphy, Recovery. By Frederick H. Wiggin, M. D. Reprint from the *Medical Record*.

CURRENT EDITORIAL COMMENT.

COUGH MIXTURES.

American Therapeutist.

COUGH mixtures should be regarded as a relic of ancient and unscientific methods of practice, and as most of them do more harm than good, their employment should be relegated to well-merited oblivion.

DISCRETION IN SPEECH.

The Charlotte Medical Journal.

THE tongue is an unruly member—difficult to govern. People as a general rule talk too much, and it may be said that this unbecoming and unprofitable privilege is quite frequently indulged in by physicians, oftentimes greatly to their detriment.

MOUTH HYGIENE.

Medical Record.

THE care of the patient's teeth is a matter too often neglected by the medical adviser, principally, no doubt, because of the important position the dentist now occupies in relation to every well-to-do family. The vast majority, however, of those seeking medical advice never go near a dentist unless for the purpose of having a root extracted.

EXPERT TESTIMONY.

Columbus Medical Journal.

IT has long been our opinion that medical experts should be selected in reference to their special knowledge and experience on certain subjects, regardless of the prosecution or defense. The true medical expert should know neither, but should give his testimony strictly in accordance with the teachings of science, backed by his own experience.

EXPERIMENTAL MEDICINE.

Medical News.

THE limits of proper experimentalism in medicine can be set only by medical men. The progress of medicine is of the utmost importance to the community, and laymen are not fit judges of the methods of the outworking of that progress. The growing spirit of dictation and arrogance on the part of self-constituted lay judges must be met by the voice of the whole profession in asserting that in medical matters pertaining to hospital management the decision shall rest with medical men.

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All letters containing business communications, or referring to the publication, subscription, or advertising department of this Journal, should be addressed as undersigned.

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NOTES.

THE taste of chloral hydrate may be completely disguised in lemonade.

*

SIMON uses creosote, iodoform and salol in rectal injections in tuberculosis.

*

ONE way of treating diabetes is by large amounts of lactic acid with an exclusive meat diet.

*

MONOSULPHITE of sodium, six grains a day, is a safe and rapid method of treating lead colic.

*

REPEATED small rectal injections of water will relieve the intense thirst following abdominal operations.

*

TUBERCULAR empyemia has been cured by the injection into the pleural cavity of concentrated salt solutions.

*

DIURETIN, the double compound of sodium theobromine and sodium salicylate, is a better diuretic than caffeine.

*

IN alarming hemoptysis rectal injections of chloral in doses of 25 to 40 grains will stop the bleeding in a half hour.

*

DR. BEVERLEY ROBINSON says that the right kidney is more displaced than any other abdominal viscus from tight corsets.

READING NOTICES.

IN the treatment of nervous diseases and general debility, McArthur's Syrup Hypophosphites demonstrates its restorative powers. Here it is not the stimulating action of the remedies usually classed as tonics that is needed. The organic powers of the system are already taxed to their utmost ability to carry on the physiological processes of life. The Hypophosphites of lime and soda gives the much needed effect in these conditions—not that of a stimulant by irritation, but that of a true nutriment to the starving tissues. Its tonic effects are permanent, as they are the effects of a richer blood supply, bringing healthy food and oxygen to the tissues.

*

THE *National Medical Review* thus speaks of the hypodermic outfits manufactured by Sharp & Dohme: "Sharp & Dohme manufacture some of the finest hypodermic syringes in the market. Their hypodermic outfit No. 4 consists of a flexible leather case containing one syringe, two needles and six tubes of tablets. The peculiar feature about the syringe is that by simply drawing out the piston rod to its full extent, then turning it to the right or the left, the leather plunger can be made to expand or contract and thus be made to fit the barrel as tightly as may be desired."

DETECTIVES NEEDED HERE.

Superintendent Chas. Ainge, of the National Detective Bureau, Indianapolis, Ind., announces that two or three capable and trustworthy men are needed in this county to act as private detectives under his instructions. Experience in the work is not necessary to success. He edits a large criminal paper and will send it with full particulars, which will explain how you may enter the profession by addressing him at Indianapolis, Ind.

*

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We are informed that the Modern Press Association wants one or two newspaper correspondents in this country. The work is light and can be performed by either lady or gentleman. Previous experience is not necessary and some of our young men and women and even old men would do well to secure such a position, as we understand it takes only about one-fourth of your time. For further particulars address Modern Press Association, Chicago, Ill.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXII.—No. 13. BALTIMORE, JANUARY 12, 1895. WHOLE No. 720

ORIGINAL ARTICLES.

INDUCTION OF LABOR IN NEPHRITIS, WITH REPORT OF CASES.

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND, DECEMBER 14, 1894.

By Wilmer Brinton, M. D.,
Baltimore.

I HAVE been induced to bring the subject of the "Induction of Labor in Nephritis" to your notice tonight by the reading of a paper on "The Significance of Albuminuric Retinitis in Pregnancy," written by Dr. Robert L. Randolph of this city, and read by him at the last annual meeting of the State Faculty.

In this paper Dr. Randolph reports five cases of albuminuric retinitis occurring in pregnant women, who have come under his care during the past two years, in which cases he decided by ophthalmoscopic examination whether it was the proper treatment or not to induce premature labor for the purpose of saving the eyes, and perhaps the life, of the pregnant woman. Dr. Randolph does not claim this to be true, as far as life is concerned, but in the few cases related not only were the eyes saved, in those cases where labor was induced, but in those cases where he advised the continuation of pregnancy the women escaped eclampsia.

Now is it possible when a physician has one of these unfortunate cases under his care to refer his patient to the oculist and let future action in the case be decided by the result of the ophthalmoscopic examination? But judging from the first case reported by Dr. Randolph, there must be some difference of opinion even among oculists on this subject, for the report of this case, which I shall now read *in extenso*, will show that the first oculist consulted advised an entirely different method of procedure from that so successfully recommended by Dr. Randolph.

The conclusions of this interesting paper are as follows:

"1. Visual disturbances occurring in the first six months of pregnancy, and especially when associated with violent headaches, frequently mean albuminuric retinitis, and if this condition is found, to save sight, pregnancy should be at once terminated.

"2. Visual disturbances showing themselves in the last seven weeks of pregnancy, while indicating the same retinal lesion, are of less grave import in so far as sight is concerned, and unless these disturbances are very pronounced and associated with wide-spread ophthalmoscopic changes, should not in themselves call for the induction of premature labor, for here their history goes to show that sight is completely restored after labor. This is especially true when the retinitis shows itself in the last two weeks of pregnancy.

"3. The occurrence of renal retinitis in one pregnancy does not mean that the woman will be likewise affected in a subsequent pregnancy, and even though

headaches be present and albumen found in the urine, so long as the fundi are free from the usual signs of an existing albuminuric retinitis the question of sight should not properly be considered."

The very grave prognosis in cases of eclampsia occurring in the pregnant woman, the woman in labor, or the parturient, makes the question of nephritis developing in the pregnant woman, or which existed previous to pregnancy, a very interesting topic to the practitioners of medicine who are actively engaged in practical obstetrics. Experience and statistics prove that women who have chronic nephritis conceive, live and carry their children to full term without having convulsions; indeed it seems that women who have nephritis and conceive, if they do not abort, which most frequently occurs, are less liable to eclampsia at or about full term than women who for the first time during pregnancy develop kidney disease with insufficiency of renal secretion.

At the present time, while we accept the uremic feature of the eclampsia attacks in the pregnant woman, yet we are often surprised at the slight changes which are found in the kidneys after the death of the patient from puerperal convulsions.

An interesting feature, and to my mind as yet unexplained, is the sudden development of the kidney symptom; one of the cases I shall later on relate illustrate this point. A young woman whom I was engaged to attend in confinement, I passed on the street one morning during the past July; from my carriage I spoke to her. I never saw her look better; in less than forty-eight hours I was called to see her in frightful convulsions. During her entire pregnancy she had had good health; no headaches; no vomiting; was out on the street a great portion of her time; the night previous had been well as usual; slept well all night; came down stairs early next morning for breakfast. Suddenly she cried, "I cannot see!" and had a frightful convulsion, which was continued off and on until I induced premature labor; she remained unconscious for nearly forty-eight hours after the birth of the child, but finally recovered, as I shall later on relate.

These comparatively sudden attacks Spiegelberg, Cohnheim and others claim are due to a sudden suspension of the urinary secretion, the result of disturbances in the renal circulation. A rapidly developed affection of the vessels would not leave marked post-mortem traces and would in cases of recovery disappear as quickly as it had come. The definite nature of the circulatory changes are not positively known, but is supposed to be due primarily to a peripheral stimulus causing reflex contraction of the arteries of the kidney, with subsequent acute suppression of urine, and retention of excrementitious materials. In these cases what urine is passed is found to contain albumen and evidence of epithelial degeneration.

All cases of nephritis occurring in the pregnant woman, whether it be chronic or acute in character, must make the physician in charge of the case anxious about the outcome. While we have personal and statistical evidence that quite a large per cent. of women with nephritis carry their children to full term without the least evidence of convulsions or eye complication, yet there are numbers of cases where the increasing edema, violent headaches, dimness or indistinctness of vision, a decrease in the amount of urine voided, in which are found albumen and casts, all of these symptoms increasing, is highly prognostic of impending eclampsia, and, therefore, indication of great danger to mother and child, for the rate of mortality varies from 25 to 40 per cent. for the mother and from 50 to 75 per cent. for the child, when we have eclampsia occurring during pregnancy, before the beginning of actual labor, or the completion of pregnancy.

In a given case of nephritis of pregnancy under our care, when a milk diet, absolute rest, iron, diuretics, diaphoretics, and laxatives cease to hold cerebral symptoms in check, and the uremic symptoms have and are steadily progressing, the question comes to us for a decision whether we shall continue with the line of treatment as specified,

which at the best will only ward off impending danger, or whether it is best to place the patient at once in a position of comparative safety by the induction of premature labor.

Dr. Lusk, in his book, "The Science and Art of Midwifery," edition of 1892, says on this question, "The weight of authority it seems to me is favorable to procrastination, the interruption of pregnancy being regarded as an extreme measure, justifiable only in cases of utmost peril. But premature labor with the indications thus limited is not likely to save many lives; my own convictions are clear that, so soon as grave cerebral symptoms develop, the period of folded hands has passed. The relief to be obtained from chloral and catharsis is, as a rule, of short duration, and we cannot go on giving chloral and cathartics to the end of gestation, nor are we sure that the first fortunate results can be reduplicated."

The four cases I shall report have come under my notice during the past 18 months, and while in only two cases was premature labor induced previous to the convulsive movements, yet in the other two cases, although only seen first when in convulsions, premature labor was induced as they were not at full term.

The methods of inducing premature labor are various; the method I think depends upon the urgency of the case, and will be illustrated by the cases reported.

Case I.—I was asked by Dr. J. R., in March, 1893, to see with him a Mrs. R., the mother of nine children, who was between seven and a half and eight months advanced in her tenth pregnancy. She had been under Dr. R.'s care for some weeks, who had been watching her closely. He had made a diagnosis of nephritis. He found albumen and casts in the urine. Specific gravity, 1010. She was edematous, passing small quantities of urine, and her eyesight was very much impaired and growing rapidly worse; when I first saw her she could not distinguish me from her family physician except by the sound of our voices. Her headaches had been violent for days, and several times recently had had convulsive movements. She had been in bed for weeks.

Upon my first visit we decided that the patient would do better by having her uterus emptied. Under strict antiseptic precautions, I introduced a bougie between the covering of the child and the walls of the uterus, at 4 o'clock on Friday afternoon; this was removed at 11 A. M. the next morning; labor-like pains had begun. Hot vaginal douches were given at short intervals during the afternoon; between 8 and 9 P. M. of this day, I found the cervix fairly well dilated and I broke the "bag of water," and Dr. R. delivered her of a living child at midnight, some thirty-two hours after the bougie was introduced. The patient seemed to be on the eve of having a convulsion all during the time of the induction of labor, and she was kept under the influence of kali bromidi and chloral hydrate.

The mother and child did well for a week or two after delivery, the edema of the mother disappeared, the headaches grew better, but finally all these symptoms grew worse, she became totally blind, had periods of unconsciousness, passed small quantities of water, the specific gravity of which was low. Albumen and casts were found; she finally went into a coma and died two months after the birth of her child; the child was feeble and puny and for a time owing to lack of vitality due to prematurity of birth and lack of care, we thought it would not survive, but it at last did well and prospered.

Case II.—At 11 P. M., January 10, 1894, I saw, with Dr. L. F., Mrs. A., who had been under his care for about three weeks. The patient was nearly forty years of age and was pregnant for the ninth time, and was supposed to be between seven and a half and eight months advanced. She was blind, edematous, pulse rapid; had passed small quantities of urine which, with the heat and nitric acid test, practically made the contents solid with albumen. No examination had been made for casts. Her condition was growing worse from day to day and during this day there had been

very marked indications of beginning convulsions.

The treatment had been infusion of digitalis, compound jalap powder, milk diet, iron, and chloral hydrate and bromide of potash in decided doses when indicated. At this consultation it was decided to induce premature labor in the interest of mother and child. The bromides and chloral were continued through the night, and hot carbolized vaginal douches were occasionally given. At 1 P. M., January 11, 1894, I introduced under chloroform a bougie as in case 1. It was found necessary to give chloroform, owing to the cervix being so high up. After the anesthetic was given I introduced my hand into a very capacious vagina and I had no further trouble in introducing the bougie into the uterus; during the afternoon the hot vaginal douches were continued, at midnight, some eleven hours from this time, labor set in, and Dr. F., who had remained all night, sent for me at five o'clock in the morning, in the meanwhile rupturing the bag of water; when I arrived there I found that he had delivered the patient of a living female child, and I found the mother and baby doing well. Her lying-in period was uneventful and a recent letter from Dr. F. in response (nine months after birth) to a letter of enquiry from me in regard to the case states that the child died within a month of delivery, seemingly from inanition, but that Mrs. A. has recovered, can see well, no albumen in urine, and has the appearance of a woman in good health, except some shortness of breath upon exertion, with an occasional irregularity in the action of the heart.

Case III.—My assistant at the Maryland Lying-in Hospital, Dr. Shanly, was requested early one Saturday morning in February of 1894, to see a negro woman living in an alley near the hospital, who was having convulsions. Upon visiting her he found her unconscious, with the history of having eleven convulsions before he saw her. An examination showed a pregnancy of eight months, the child at this time living. The age of the woman was only seventeen. I saw the case with Dr. Shanly at midday, at which time she had had seventeen convulsions, and the coma was more profound.

Owing to her miserable surroundings I had her removed to the hospital in the patrol wagon. Chloroform was given during the convulsions, and bromide of potash and hydrate of chloral by the rectum in decided doses. Later in the afternoon, my associate, Dr. Crouch, assisted me in the case. A bougie was introduced into the uterus, but as labor pains did not come on, and in spite of treatment, the convulsions continued almost constantly, except when under the influence of chloroform, that later in the evening we began the dilatation of the cervix with the finger, and in a comparatively short time we had made considerable progress. At 9 P. M., I found the cervix sufficiently dilated for me to apply Simpson's forceps, and after great traction I delivered a dead male child. The mother never regained consciousness and had a convulsion every few minutes, except when under the influence of chloroform. She died four hours after delivery. Temperature 103° or 104° and pulse becoming so rapid that it could not be counted for some time previous to death. It was estimated by those who were in attendance on this case that the woman had between fifty and sixty convulsions before she died.

Case IV. — Early in the spring of 1894, I was engaged to attend Mrs. V. C. in her first confinement, which I predicted would take place about August 1, 1894. I did not see my patient again, except on the 9th of July I spoke to her from my carriage, as she passed me on the street. I was called early to see her on the morning of July 11, and I was informed by the messenger that Mrs. C. was having convulsions. Upon my arriving at the house I found Dr. W. T. Watson of North Broadway, who lives in the immediate vicinity of my patient's residence, had been sent for and had arrived just a few minutes before I had. I requested him to continue on with the case with me, and he gave me very valuable aid during the next forty-eight hours.

This was about 8 o'clock in the morning. We at once found out that all during her pregnancy she had been well. No headache. No trouble from any source. Had been on the street the day previous. Had been to see friends in the vicinity the night before, came home late, slept well, came down stairs to breakfast at 7 o'clock. Just before sitting down to breakfast she clapped her hands to her head and cried "I can not see" and fell on the floor in a violent convulsion, and from this time until Dr. Watson saw her, about thirty minutes, she had had four; within a few minutes after we arrived she had two more. Chloroform was given during the convulsions, and kali bromidi, grs. xxx, and hydrate of chloral, grs. xx, every hour by the mouth during the intervals between the convulsions, when the patient would have enough intelligence to swallow when told to do so.

A vaginal examination made at this time found the head in the pelvic cavity, but no indication of labor; the fetal heart sound could be heard distinctly to the mother's front and left. Upon consulting we decided to induce labor, and I began to do so by dilating the cervix with my finger. At first I had trouble in introducing my index finger through the cervix, but within a surprisingly short time I introduced two fingers and had the cervix dilated to the size of a silver dollar. Dr. Watson then relieved me, as we found, while our work was very effectual, yet it was tiresome. At 11 o'clock, or about three hours from the time we began the manual dilatation of the cervix, I found the parts fairly well dilated. I ruptured the "bag of water," applied Simpson's forceps and after considerable traction I delivered a living female child. In spite of all care and the removal of the forceps when the head was brought down low, the perineum was torn down to the bowel; this I immediately repaired, and in spite of the subsequent convulsions, it healed by first intention.

The woman had in the next thirty-six hours after delivery about ten severe convulsions and some of a slighter character, and was practically unconscious for forty-eight hours afterwards. The treatment was bromide of potash and chloral either by the mouth or rectum, chloroform during convulsions, and the hypodermic of sulphate of morphia, ⅓ of a grain each time; we saw marked result for good after each dose of morphia, and it was after having a severe convulsion we gave the last dose of morphia, after which she had no more convulsions. The urine examined from time to time was found loaded with albumen and the amount of urine secreted for several days was very much less than normal, after the convulsions ceased. She remained in a semi-unconscious state for nearly a day, then gradually grew better, but complained of not seeing well, and of violent headaches for nearly two weeks. Afterward, these headaches were benefited by large and continuous doses of bromide of potash. Under large doses of calisaya, ferrum et strychnia, the patient grew stronger, the urine became normal in amount and in weight and the albumen disappeared. She never had milk for her child, which was fed upon cow's milk. August 6, on leaving town for my summer vacation, I dismissed Mrs. G. and she has since done well.

In the brief report of these cases, I have only mentioned a few of the many methods of inducing premature labor, but in closing I wish to commend the method of dilating the cervix with the finger, or fingers. It is very tiresome, but in cases where time is of great importance, I know of no method as effectual.

Whooping-Cough Cut Short.—The *Medical and Surgical Reporter* says Dr. Moncoro treats pertussis with a 10 per cent. solution of resorcin, applying the solution every two hours to periglotteal region with a brush. Application is made four or five times at each sitting. The theory is that the disease is due to micro-organisms and affects primarily the larynx. Cultures of the micro-organisms have been destroyed by the smallest amount of resorcin.

DIRTY AIR IN PUBLIC PLACES.

Read at the Semi-Annual Meeting of the Medical and Chirurgical Faculty of Maryland, held at Cumberland, Md., Nov. 21 and 22, 1894.

By Edward Morton Schaeffer, M. D.,
Baltimore.

"God lent his creatures light and air,
And waters open to the skies,
Man locks him in a stifling lair,
And wonders why his brother dies.

In vain our pitying tears are shed,
In vain we rear the sheltering pile
Where Art weeds out from bed to bed
The plagues we planted by the mile!"
* * * O. W. Holmes.

"O, if you knew what was in the air," says Shakespeare, in some connection or other; but whether he referred to microbes, Maryland elections, political cyclones, or social and moral reforms, deponent hath not had time to investigate.

The inelegance of my title is necessitated by a clear, clean-cut sense of a dirty, public duty to be performed.

Of all dirty substances, so-called, in life, none is more deadly, disgusting and insidious than dirty air, in the light of physiological and clinical knowledge.

The average citizen has learned to personally handle and chew his own food, use his own tooth brush, wear his own clothes (and kiss his own baby) for purposes of cleanliness and a due regard to others, but when it comes to a question of what he shall breathe, he positively revels in other people's air, laden as it is with the excrementitious waste eliminated by the skin and lungs; and resents the interference of the health- or fresh-air crank who awakens him from the partial asphyxia which has chloroformed his faculties.

The very first lesson in table manners and morals is not to touch the food we offer others; we would be insulted if asked to wash even our hands in the water used by any predecessor, however cleanly (the thought of a full bath for the skin, second hand, is too disgusting to be dwelt on), yet we sit and narcotize ourselves out of all perception of decency and prudence with the always noisome and frequently fetid exhalations of people in public cars, halls, churches, yes, and even medical classes, or conventions, as I know to my drowsy experience.

To send a man to Congress is a questionable compliment. If senatorial courtesy does not tire him out, bad air and political malaria will catch him.

Free speech is often its own regulator and executioner. If electrocution for criminals must go, why not put a phonograph in their cell and connect the other end with the halls of Congress during a tariff debate season?

Even at the risk of being reminded that this is my second paper today—people are more or less used to being "talked to death," and it seems a humane, when legal, method. To relieve the end of any bitterness, the jury could allow the victim his choice of a democratic or republican instrument; so that his vote would still count to the last.

All joking aside, as a public spirited physician, I seriously offer the suggestion that a legal, *respiratory* suicide or harukari take the place of the electrical chair, which attempts the same executional end. By this formality, the criminal mind might be impressed with the moral teaching that a man is often his own worse enemy; but, personally, I consider that until the Church and the State have done their much neglected duty by the physical side of man, put some sort of meaning into the declaration that all men are (entitled to be) born (physically) free and equal (not predestined as many are by heredity, social neglect and oppression, to a career of vice and crimes) — until then, I say, a judicial execution is as much, if not more, a disgrace to the community, as to the individual, who may be largely a victim of circumstances which it has

tolerated or fostered, to his damnation. Call it "dynamic religion" if you will, call it socialism, if you prefer, it will suffice to call it common humanity or brotherhood, which is the remedy.

The black hole of Calcutta is the familiar object lesson in crowd poisoning through human exhalation and want of oxygen. The higher we ascend in the biological scale, the more deadly is the debris of animal life. Civilization is the occasion of much pestilence through crowding, uncleanliness, and selfish monopoly.

Three years ago I made an appeal before this body for the furtherance of the cause of public baths; and a clergyman in South Baltimore heard the note and has done good service, so far as in him lay. The city went so far as to promise through its honorable mayor that it would not have the boys arrested if they bathed within certain narrow and remote municipal limits, and then afterwards sacrificed the lives of two of its best policemen, who were trying to humanely adjust a breach of the law *against* cleanliness, though in favor of another form of decency, and were struck by a passing train of cars.

In Chicago, during the World's Fair, I noticed by the papers that there were hundreds of street ragamuffins, who waited *a year* for their only attainable bath, and a change of underwear; and that the kind-hearted citizens who administered this free scrubbing were obliged to pay to have the water hauled for their use on this annual hygienic-festival occasion. Some of the children had to be told to wait another year.

Where is there a heathen land represented at the late Parliament of Religions that could not make a better showing of practical Christianity? "It has been estimated that in Ancient Rome there were at least 1000 baths, and it is known that during 500 years physicians did not exist in the ancient city or among that nation." (Pope.)

The sources of air contamination are thus revealed. To thoroughly appreciate bodily cleanliness, one must experience the luxury of a Turkish bath.

Personal uncleanliness and the breathing of *hot*, vitiated air are prime factors in enabling people to "catch cold," a most remarkable bit of absurd nomenclature on the file of the ages. The late Dr. Austin Flint, one of the illustrious teachers of the value of non-medicinal therapeutics, the use of food, baths, and hygiene in preference to drugs, in an address delivered in 1884 before the New York State Medical Asoociation, deprecated what he called the pharmacomaniacal practitioner, and spoke as follows:

"Nothing is easier than to prescribe drugs. Patients will in time congratulate themselves and be congratulated by their friends, whenever it is decided by the physician that potential drugs are not called for; but as it should be added, drugs will then never be withheld if, in the judgment of the physician, they are indicated. A more elevated standard of medical education will become a necessity and the usefulness of the profession will be increased." "'Catching cold,'" he says, "is a curious solecism, and a reform is greatly needed in this respect. Let the demon be exorcised first from the medical, and next from the popular mind! Let it be generally known and believed that few diseases are referable to the agency of cold, and that the affection commonly called 'a cold' is generally caused by other agencies. Let the axiom, 'a fever patient never catches cold,' be reiterated until it becomes a household phrase! Let the restorative influence of cool, fresh, pure atmosphere be inculcated! Let it be understood that in therapeutics, as in hygiene, the single work *comfort* embodies the principles which should regulate coverings and clothing. Non-medicinal therapeutics will have gained much when this reform is accomplished."

"The idea of 'catching cold' is an obstacle in the way of securing for patients hygienic conditions, the importance of which may be greater than that of drugs. Hence it is that sick-rooms are poorly ventilated, and patients oppressed by a superabundance of garments and bed clothes. Free exposure of the body

is deemed hazardous, and still more so, bathing or sponging, the entire surface of the body exposed. Patients not confined to bed, especially those affected with pulmonary disease, are overloaded with clothing, which becomes saturated with perspiration and is seldom changed for fear of the dreaded 'cold.' The remedy for all this delusion and snare is to quit breathing dirty air — other peoples' air, second-hand (or lung) air, superheated air, to keep the body clean and well nourished, and warmly but not heavily clad. Union suits of woolen underwear, various grades for various seasons, should be universally adopted. Heavy wraps, tight gloves and shoes, all ligatures by whatever name called, should be discarded. People should warm themselves by exercise, not by hugging registers or stoves—this is a species of drugging very popular, very irrational.

Churches not properly ventilated may be boycotted. It is all essential that the hearer keep sufficiently awake to know of the doctrine, whether it be true or not. Conversions made in an impure atmosphere are ephemeral and illegal. Mr. Moody, a typical common-sense worker, invariably changes the air before preaching, and it is presumed that the highly sensitive church-wardens who generally notify the sexton that "those windows are not to be raised for fear of a draft," learn a thing or two, when they go to hear him, or else die off under a benevolent law of evolution, firmly convinced that they "caught cold" for the last time.

If Galen were to visit Baltimore and register at the Health Office after due examination, I venture to assert, from a little acquaintance I have formed of him, that he would open a first-class Sanitarium just outside of the city limits, call it a Græco-Roman Movement and Water-Cure with all the ancient improvements, have a long list of distinguished managers and consulting doctors, to ensure their co-operation, and run the institution exactly as he did seventeen centuries ago, with immense popular success.

Far from being an old fogy, his ideas of physical education, diet and bodily hygiene seem decidedly in advance of the present practice of our profession. There has never been a physician, before or since his time, that could equal his following of 1300 years' duration. He would no doubt be given an opportunity by Dr. Billings to establish a claim to be the discoverer of the circulation of the blood, now enjoyed by one Harvey of the 16th–17th century, and we may call him the father of the diaphragm, for he studied the action of that most despised and oppressed muscle in the human anatomy, and seems to have recognised its function in the respiratory act.

If not intimidated by Boss Rule, Galen would bid for a suitable sewerage-system contract for Baltimore, and offer to add human intervention to the work of the elements in keeping the streets clean. He would ask that Hercules be summoned to clear the public schools of political interference, furnish more, properly sized, lighted and ventilated buildings for the scholars' and teachers' use, find out whether two sessions in many over-crowded, dark and unhealthy-smelling rooms were better than one, etc.

In conclusion, if dirty air be so dangerous, how is it we live at all, especially in towns and cities? I will let another answer. "Did it ever strike you to ask why the wind is always blowing, more or less? Our breathing is nothing more than the blowing of fresh air through the streets of the body, which cleans away its impurities, and the wind is a gigantic system of breathing for the whole world." Jean Paul suggested that the clatter of tongues at high teas and in the domestic circle, so inexplicable from an intellectual standpoint, is one of nature's tricks to keep the air in motion, for purposes of purifying; and the analogy of the peculiar humming sound in a beehive, now known to be due to the sanitary brigade flapping their wing-ventilators, supports his view.

It is about time to adjourn to the fresh air!

THE PRESENT STATUS OF DIPHTHERIA.

Read before the Clinco-Pathological Society of Washington, D. C., Nov. 20, 1894.

By Henry B. Deale, M. D.,
Washington, D. C.

When we consider that it is practically only within the last decade that Klebs first announced his discovery of the specific germ of diphtheria we cannot but be astonished and gratified at the vast advances in our knowledge of this disease that has followed this signal discovery. A year after Klebs' report, Loeffler in 1884 gave a very much fuller account of this organism, verifying Klebs' work, and at the same time adding much new information to its morphology and its growth in culture mediums.

Although Loeffler's examinations did not fulfill all requirements to place this bacillus as the absolute specific germ of diphtheria, he nevertheless believed it to be such; since which time it has been conclusively proven by himself and others to be the specific germ, until now the Klebs-Loeffler bacillus is the universally recognised active causative agent of diphtheria, without which it cannot exist.

This bacillus is a small rod-shaped organism with one or both ends swollen, it is devoid of motility, and of irregular staining, it possesses remarkable vitality as it is often discovered active and virulent after months of drying; it becomes sluggish at a temperature of 64° F. and is killed at 136° F.

Before the day of bacteriological examinations we could not positively differentiate between those membranous throat affections due to the various causes (to which I will refer later) and this much more serious disease with grave constitutional symptoms due to a specific germ.

The importance of a correct diagnosis of diphtheria may be judged in one particular at least from the report of the Massachusetts State Board of Health from 1871 to 1890 inclusive; in these twenty years there were reported 36,553 deaths from diphtheria and croup; this does not represent the number of cases, but deaths, so there is little doubt of the correctness of the diagnosis, as other membranous throat affections are rarely fatal.

It ranked next to pneumonia in fatality and was nearly double the number of deaths from typhoid fever, and more than double the deaths from scarlet fever. The mortality in this disease is very high, from 40 to 60 per cent. of all cases dying. Osler states while other contagious diseases have decreased within the last decade diphtheria has increased. It is a disease of civilization, and all classes, the high as well as the low, furnish victims.

The Klebs-Loeffler bacillus is always present and capable of demonstration in all cases of true diphtheria; it is found on the surface of the pseudo-membrane, and is most abundant on the most superficial parts of the membrane, and never, or certainly rarely, penetrates even the subjacent mucous membrane.

It is associated with many other germs, and to such an extent is this so, that formerly it was considered as probably only one of many germs to which the pseudo-membrane is due, since which time it has been isolated and grown in pure cultures.

The micrococci principally found with the diphtheria bacillus are the streptococcus pyogenes, which is nearly invariably present, and the staphylococcus pyogenes aureus, which is occasionally present. The presence of the germ upon the membrane, and never or rarely in any of the tissues of the body, proves the disease to be primarily a local one, and the constitutional symptoms are secondary to the elaboration and absorption of a poisonous substance, a toxic albuminoid, from the bacillus.

The pathological changes found

throughout the body are due *not* directly to the bacillus itself, but to its toxine.

The disease may be reproduced in healthy animals by inoculation; the injection of the toxine will produce all the pathological changes found in a body dead from diphtheria, except the presence of the pseudo-membrane, and for its production the bacillus itself must be introduced, thereby showing that the diphtheria germ is the causative factor of the pseudo-membrane, and that to its toxine the constitutional symptoms and changes are due.

The action of the bacillus in forming the membrane is a destructive process; it has great power for the destruction of the leucocytes, which are drawn thither by the inflammatory process; and the membrane is a combination of a necrosis and inflammation, and necrotic tissue on a mucous surface will always have a certain amount of fibrinous exudation in or upon it.

There are three procedures required to absolutely prove the presence of the Klebs-Loeffler bacillus and therefore to positively diagnose the disease diphtheria; the first is the microscopic examination of the fresh specimen obtained by gently rubbing a cotton swab over the membrane and then applying it to the cover glass, when if present the characteristic bacilli may often be seen. The second is the growths of the bacillus in culture mediums when its distinguishing growth is recognised and examined also under the microscope; this is obtained by applying the swab as before and gently rubbing it over a favorable nutrient medium.

These two measures are sufficient for all practical purposes to settle the diagnosis. But unfortunately later a bacillus similar morphologically and in its growth has been discovered and it differs only in the fact that it lacks virulence, as by inoculation it produces no symptoms or changes whatever.

This organism is considered by most observers to be the true diphtheria germ which has lost its virulence. The differentiation of this from the true specific germ is important, for its presence according to our present knowledge means nothing, and would necessarily influence us as regards isolation, disinfection and treatment.

To exclude this latter form it is necessary to inoculate animals in all suspected cases, when if it is the true germ all the symptoms of the disease or death will be produced according to the amount and virulence of the matter injected.

The long mooted question as to whether all pseudo-membranes are diphtheria can now most positively be answered in the negative. In substantiation of this position it is only necessary to give the results furnished by the New York Board of Health during one year in 5,611 cases of suspected diphtheria—a microscopic examination proved that in only 3,255 cases did true diphtheria exist due to the Klebs-Loeffler bacillus, in 1,540 the bacillus was absent, and 816 cases were considered doubtful from various causes; thus we find only 58 per cent. of suspected cases to be true diphtheria.

That the vast majority of cases of pseudo-membranous laryngitis are due to the diphtheria germ cannot be doubted, but that a benign membrane of the larynx called membranous croup does occasionally occur without any specific germ there can be little doubt.

The question that now naturally suggests itself is—if this pseudo-membrane is not due to the specific germ of diphtheria, to what is it due?

I have already referred to the presence of micrococci associated with the Klebs-Loeffler bacillus, especially the streptococci and the staphylococci; it is to the presence of the streptococci acting on an abraded surface that the membrane of pseudo-diphtheria is due.

In the last few weeks it has been my fortune to have come under my observation two cases, the one presenting all the objective and subjective signs of diphtheria, and the other some of the characteristic symptoms—but upon microscoppical examination both were proven to be pseudo-diphtheria.

In one case I feel sure any practitioner would have diagnosed diphtheria, unless microscopic examinations had been made — the later history of the

case proved that diphtheria did not exist. The staphylococci are pus-producing germs and for their presence is sloughing often responsible. Streptococci are frequently found in the mouths of healthy individuals and it is only when from inflammation or other causes a favorable seat for their proliferation is presented that they become pathogenic.

An analogy to this is found in the bacillus coli communis in the intestine, which is physiological under normal conditions and only becomes pathogenic in inflammatory or diseased conditions. In a former paper read before this society on the "Specific Nature of Pneumonia" I referred to the fact that the "diplococcus pneumoniae" was found in the saliva of about 20 per cent. of healthy individuals. Indeed the bacillus diphtheriae has been found in the mouths and throats of those exposed to the disease, without developing any symptoms of the disease.

We are all familiar with the presence of a membrane in the throat complicating other diseases, more especially scarlet fever (though sometimes measles and typhoid fever); undoubtedly true diphtheria may complicate any of these diseases, and add a correspondingly grave prognosis, but in many, yes, in the vast majority of cases, this pseudo-diphtheria is due to the streptococci and not nearly of so serious moment.

Another important point is the presence of true diphtheria when all the signs point to follicular tonsillitis, viz.: isolated spots of deposit, either difficult or easy of removal, scattered over the tonsils; not only have such cases been proven microscopically to be diphtheria, but also clinically by the power of producing virulent typical diphtheria in others.

In regard to the length of time a patient should be quarantined after the disappearance of all membrane, this can only be answered by saying not until the diphtheria germ has been proven to be absent from the mouth by bacteriological examination.

In support of this I will quote again from the New York Board of Health report; of 725 cases of diphtheria the bacillus disappeared in 3 days from the mouths of 325 patients after the membrane; in 201 cases it persisted for from 5 to 7 days, in 84 for 12 days, in 69 for 15 days, in 57 for 3 weeks, in 11 for 4 weeks, in 5 for 5 weeks, and in one case virulent bacilli were found 7 weeks after the exudate had completely disappeared.

I have anticipated for some time the preparation of a paper on the treatment of diphtheria; with this in view I have kept a rather full record of all cases that have come under my observation in my own practice or that of others, with especial reference to the treatment followed and their results; but with the recent light upon this subject, I do not feel justified in presenting them, as they can have little or no real value, lacking verification by microscopic examination.

I had hoped, though, a short time ago that I might present one case treated by the new specific, antitoxine, but unfortunately, as reported above, the case proved to be pseudo-diphtheria. Dr. Jaisohn, who made the microscopic examination in the case, had a very small quantity which had been secured at great trouble and expense for experimental purposes, and he kindly offered to give me one dose, but as stated the diagnosis did not warrant it.

So I will have to content myself with a summary of the reports we have obtained from European observers.

The credit of discovering this antitoxine belongs to Dr. Behring of Berlin. As we know the diphtheria bacillus secretes a poison that is the cause of the great mortality in this disease. Dr. Behring, in studying this poison, injected larger quantities into a horse and he found that that animal could absorb great quantities of the poison without injury. He later found that the serum of the blood of the horse so inoculated contained a counter poison, and it is this that Dr. Roux of Paris has used in the treatment of diphtheria.

In Germany it is known as Behring's remedy for diphtheria and croup; in France as Roux's antidiphtheritic serum.

This toxine is formed when the viru-

lent bacillus is grown in broth; after 3 or 4 weeks it is sufficiently rich in toxine to be used; this is inoculated under the skin of horses in good health and by repeated doses over a period of 2 or 3 months, the horse is brought to a condition in which its serum possesses very high antitoxic properties.

The efficacy of the serum is tested before the animal is bled. The injections for patients are made into the chest, back, or side, the amount of the injection varying with the age, duration and severity of the disease.

The injections should be made with a Pravaz or Koch's syringe, previously thoroughly sterilized. The dose for rendering those exposed immune is $15\frac{1}{2}$ minims (1 c.c.) for those over 3 years of age, for younger children half that amount. For the cure of the disease during the first 2 or 3 days under 2 years, is 31 to 46 minims (2 to 3 c.c.); form 2 to 10 years $1\frac{1}{4}$ fluid drachms (5 c.c.); over 10 years $2\frac{1}{2}$ fluid dracms, (10 c.c.) After the third day in severe cases larger doses may be given, and if the disease is not ameliorated by the first dose, a second may be given in 12 hours. No unpleasant symptoms follow the injection and a rapid improvement in both the local and constitutional symptoms are observed.

The results from this form of treatment are truly marvellous. In the Children's Hospital of Paris, of 300 cases of true diphtheria so treated, only 78 died, or 26 per cent.; in the same Hospital in previous years the mortality was from 50 to 60 per cent.

In the Urban Hospital, Berlin, 60 children were so treated in 2 months; of these, 42 recovered, a mortality of 30 per cent.; the mortality in previous years was about 55 per cent.

In the Elizabeth Hospital, Berlin, in 3 months, 34 cases were treated, in 30 of which tracheotomy was performed; 28 recovered, or a 17 per cent. mortality. In the Moabit Hospital, Berlin, in 3 months 44 cases with 11 deaths, or 32 per cent.

Another series of 33 cases with 2 deaths or 6 per cent.

With early recognition of the disease and with prompt treatment, the mortality will undoubtedly be very much lowered. As to producing immunity to well but exposed persons, Aronson reports that in 100 cases exposed to the disease to whom injections were given only one contracted the disease. Many more reports of its successes could be cited, but these are sufficient to give the general results. I find in the last issue of the *Medical News* of Philadelphia, just seen today, that they, the *News*, have at great expense secured some antitoxine and are using it in one of the Philadelphia hospitals; a few cases treated there are reported, and we can hope at an early day to see what success is secured by this treatment of this direful malady in our country.

Dangers of Naphthol.—Baatz, in the *British Medical Journal*, has seen acute nephritis follow friction with an ointment containing 2 per cent. of naphthol beta in two brothers, aged 6 and 8 respectively. The remedy was applied for scabies. This was cured, but three weeks afterwards albuminuria with edema of the lower limbs came on. One of the boys died, and the diagnosis of nephritis was verified by post-mortem examination. In neither case had albuminuria previously existed, nor was there any history of an affection which could have been the starting point of nephritis. The author, therefore, warns against the use of naphthol beta as a remedy for scabies, in spite of the powerful curative effects.

* * *

Spontaneous Cure in Amebic Dysentery. — The rarity of spontaneous cure in such severe forms of dysentery has led Drs. George J. Preston and John Ruhräh to report a case in the *New York Medical Journal*. A colored man, aged 22, with a fairly good history, was admitted on account of dysentery. Examination of the stools showed the typical amebæ. Patient was given large doses of the tincture of iron. The dysentery was not treated, but in the next few days the amebæ disappeared and the man recovered.

MEDICAL PROGRESS.

MALARIAL PSEUDO-TUBERCULOSIS.—Charles Duba (*British Medical Journal*) describes this condition as not infrequent in malarial countries. It attacks persons who for some considerable period have been affected with ague, and begins with marked weakness, depression, loss of appetite, and emaciation. A dry hacking cough, together with dyspnea and irregular temperature, especially towards night, supervenes. Hemoptysis sometimes occurs. Physical examination shows evidence of apical consolidation. Examination of the sputa, however, does not show the presence of tubercle bacilli. The cases recover under the influence of quinine and arsenic, provided the cachexia be not too advanced. The explanation of this condition, which may so easily be mistaken for true tuberculosis, seems to be that a local pneumonic process is started at the apices by an accumulation of pigments in the circulating blood.

* * *

PATHOLOGICAL FICTION.—The *American Medico-Surgical Bulletin* waxes facetious on the subject of pathological fiction and has a little fun with the authors of today, who know little of the diseases of their principal characters.

Among physicians "The Heavenly Twins" is looked upon, not as a literary venture to be judged by artistic standards, but as a readable presentation of symptoms which suggest definite pathological conditions.

"Ships That Pass in the Night" is admirable as a pulmonary record, and "The Yellow Aster" affords an insight into the psychic phenomena resulting from neglect of natural instincts and desires which, surviving the appropriate period of life, subsequently assert themselves in the form of belated maternal love and *ex post facto* philoprogenitiveness.

As to Miss Harraden's book, while we find it useful in the profession for its useful glimpses into refined sick-room conversation and pulmonary persiflage, we regret, from a medical point of view, that after giving such a careful history of the heroine's case, the author permitted her to be killed by an omnibus. It is humiliating, after following attentively the course of the disease and the method of treatment, to be told that an omnibus was the cause of death and to be dismissed without hearing the result of the autopsy. Moreover, we found her style so delightful that we would have gladly followed the hero to the last hemorrhage, but that, too, was denied us.

Sarah Grand's cases are open to the same objection of incompleteness. She starts out enticingly with such a character, for instance, as Edith's husband, but leaves the later and more interesting phases of his pathological history untold. As a general rule, however, she comes up to the requirement of modern fiction; the cases of most of her characters can be diagnosed; and with a little more clinical experience we have no doubt that her future novels will be above reproach.

There is danger, lest in the first stages of the medical movement in literature, young writers will attempt to cover too wide a pathological area in their novels, and forget the inexorable law of specialism that obtains in the medical profession itself.

To introduce a paretic or ataxic patient in a dermatological novel would not only destroy the unity of the story, but would justly expose the author to a suspicion of a want of thoroughness. If the writer has determined upon appendicitis as his plot he should not waste his energies upon irrelevant diseases in his minor characters. He could gain variety by introducing other forms of enteric disorders, but should never exceed the limits of the abdominal region. Until he has had a thorough medical training, we think the course of a single disease should supply him with all the medico-literary material that he can handle in an intelligent manner. A blow on the head supplies the author of "God's Fool" with all the plot he needed.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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SEE PUBLISHERS' DEPARTMENT, PAGE 241.

BALTIMORE, JANUARY 12, 1895.

The Hotel Doctor.

AMONG the specialists who rarely receive the attention they deserve are those who treat cases of emergency, and who are usually found in hotels where they are for the purpose of attending the guests. The hotel doctor has not been neglected. A New York daily recently had an article on this specialist showing what his position was and what his ambitions were. The average hotel doctor begins his practice with great prospects of success. His work is plentiful in the large cities and the size of his fees is simply bedazzling. He far outreaches his professional brother who is quietly awaiting family practice. But one who has tried this life-long emergency treatment is inclined to think that the case of the hare is preferable to that of the tortoise.

The hotel doctor may make great advances but his work is always the same; while he may not object to being called up at all hours and interrupted at meals in his early professional career, when he has reached the age of forty, and older, he begins to think that hotel practice is not all that it promised to be and looks with envious eyes on his colleague who preferred the slow advancement with the family practice. The hotel doctor is generally supposed to be a "gouger," but this is hardly a fair verdict. An emergency case in a hotel is ordinarily worth more or demands more than a call elsewhere.

In the case of a summer resort, the physician has put himself to the inconvenience and risk of staying at a hotel to be at the beck and call of every sick person, and guests should be expected to pay for the privilege of having a physician "on tap," so to speak. In the same way at a city hotel, if there were no physician in the building and reliance were placed on one in the immediate neighborhood, in many cases that physician might refuse to respond to the call or might be absent.

Physicians are not the best kind of business men as a rule, and many of them would be too trusting and thus lose their fees from transient guests. The hotel doctor takes care of himself by making an open business arrangement with the hotel proprietor by which his fee is included in the bill or his bill is collected before the guest departs. For the convenience of having a medical man on the spot who in so many cases alleviates pain and often saves life, a large fee should be willingly paid. The man with a family practice holds certain families and he can afford to charge less because he knows that he is assured of a contribution to his income from these particular families every year.

The hotel physician is, as a rule, underestimated and he is too often put down as an unethical, overcharging man.

* * *

Deferred Diagnosis.

NOTHING impresses the student in the beginning of his course more than a "snap" diagnosis. He thinks the professor a wonderful man to guess correctly, but Dr. O. F. McCallum of Nova Scotia, in the *Boston Medical and Surgical Journal*, thinks it is better to make haste slowly in some cases and hesitate to pronounce the diagnosis until all doubt has been removed. The young physician requires a great deal of nerve to say he will not make a diagnosis until at a future examination and the people either lose confi-

dence in him or they have sense enough to recognize a careful man and one who will treat the case right when the diagnosis has been made. It is interesting to observe the quick diagnostician place his ear over the cardiac region and pronounce a murmur a mitral regurgitation and then on examination at the next visit fail to find any murmur at all. In examining a heart it is not always well to make a diagnosis at the first visit, but to wait a day or two and see if there is any distinct difference between the two examinations. Scientific caution cannot be too highly honored. A guess may present brilliant results the first time when it is correct and the next time be a dismal failure. Therefore, unless very certain, only make a diagnosis when in the opinion of most men there can possibly be no mistake.

* * *

The Menopause.

THE idea, both medical and lay, that the time of the menopause is a critical period is exaggerated and hard to uproot. The menopause is a natural, normal change, a blooming out into maturity, so to speak, and with some exceptions it should be accompanied by no abnormal symptoms.

Dr. Andrew F. Currier has reviewed what we know and what is commonly believed of the menopause in the *American Journal of Obstetrics* and while he recognizes the importance of this period, he tries to clear away the superstitions of its being a dangerous and critical time when all sorts of ailments begin. After showing that the statistics prove that tumors are not caused by the menopause and how rarely that period causes any disturbance, he concludes that the mental and nervous phenomena at this time are the most marked, the most uniform and the least exaggerated.

With women of marked neurotic temperament, the menopause may mean the culmination of their troubles in insanity. Hemorrhage is another accompaniment of the menopause and may be very violent. The article is concluded as follows:

"Why should the menopause, when occurring at the natural time, be a cause for anxiety? We can testify with fearlessness that most of the ills which are possible at that time are amenable to relief by either medical or surgical means, and for the great majority of women the interference required will be almost free from danger. With the bugbears removed why should we dread that which is universal and inevitable? Maturity in most of the forms of life around us is the period of beauty and hope, the period of rich color and fair outline. Not less beautiful are the whitening hair and blooming figure of those who have reached the period of the menopause. How often, too, it happens that the troubled mind, restless and disturbed through youth and adult life, adjusts and settles itself on the threshold of old age! Stormy seas are outridden, the course is in quiet waters, the prow is pointed toward a peaceful harbor."

* * *

Cultivated Physicians.

THE life and writings of Oliver Wendell Holmes attracted so much attention partly because he was a cultivated man, and although a physician he was a lover of letters and correct style. The *British Medical Journal* bewails the illiterate medical student and other exchanges dwell on the lack of education in the average medical man. It is not easy to make a wholesale criticism of this subject.

Medical men, of all professions, too often rush into print with little preparation, and no one but the editors and proof readers know what rounding up, correcting and punctuation are necessary to make a really good article presentable. This is generally supposed to be the editor's duty, but far from it. The manuscript should be ready to be placed in the compositor's hands. Great swelling words are generally used by the most ignorant writer, while the educated man expresses himself in simple language.

The more ignorant man, too, is ever ready to quote from languages with which he is not familiar. It is generally safer to stick to one's mother tongue. The plain unvarnished relation of a case is of more benefit to the reader and the writer than the most ornate and prolix introduction with high sounding peroration. It is simplicity that attracts in this case and the writer or speaker who would hold an audience and have many readers is one who "says his say" and stops when he has finished.

It is a good plan to let an article season after completion and then the defects and weak points will be more evident. A well written paper never loses by keeping, while a hastily written one may spoil a really good subject.

MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending January 5, 1895.

Diseases.	Cases Reported	Deaths
Small-pox		
Pneumonia		16
Phthisis Pulmonalis		14
Measles	1	
Whooping-Cough	5	1
Pseudo-membranous Croup and Diphtheria	18	11
Mumps	3	
Scarlet fever	24	3
Varioloid		
Varicella	1	
Typhoid fever		4

A large number of cases of small-pox have been reported in Philadelphia.

Dr. A. G. Sinclair has succeeded the late Dr. Sim as editor of the *Memphis Medical Journal.*

Dr. Louis A. Bull, son of Dr. Alexander T. Bull of New York, died in Buffalo recently after a short illness.

Dr. J. M. Da Costa has been elected President and Dr. John Ashurst Vice-President of the College of Physicians of Philadelphia.

Dr. John Whitridge Williams has been appointed gynecologist to the Union Protestant Infirmary *vice* Dr. Wm. E. Moseley, resigned.

There seems to be some complication in the Detroit Health Department because the health officer there failed to make a diagnosis of a case of small-pox.

Dr. William Detmold, a distinguished surgeon of New York and emeritus professor of clinical and military surgery in the College of Physicians and Surgeons of that city died last month. He had just completed his 86th year.

The Medical Society of the State of New York will hold its eighty-ninth annual session at Albany, beginning February 5, 1895. Dr. George H. Fox is President.

Dr. Edward Jackson of Philadelphia, one of the editors of the *Philadelphia Polyclinic* and professor of diseases of the eye in the Polyclinic, has given up his duties and gone to Colorado for his health.

Dr. Henry Sewall, formerly of the Johns Hopkins University and later Professor of Physiology at the College of Physicians and Surgeons of Baltimore, is doing excellent work as Secretary of the Colorado State Board of Health.

The College of Physicians and Surgeons of New York, the Medical Department of Columbia College, has received from the Vanderbilt brothers $350,000 for building improvements, and from William D. Sloane, a brother-in-law of the Vanderbilts, a new maternity hospital for the maintenance of which Mrs. Sloane has promised to furnish the necessary funds.

At the regular meeting of the Executive Committee of the Johns Hopkins Hospital, Dr. John Whitridge Williams was appointed Associate in Obstetrics; Dr. J. G. Clark, Resident Gynecologist *vice* Dr. W. N. Russell, resigned; and Dr. J. M. T. Finney, Associate in Surgery, was granted six months leave of absence to study special surgical operations in Europe.

The library of the American Medical Association has been moved from Washington to the Newberry Library in Chicago, and the *Medical Record,* with that provincial blindness peculiar to New York City, "does not see why the profession of the whole country should establish a medical library which can never be of much service except to the physicians of one particular locality."

The York County(Pa.) Medical Society elected the following officers last week. President, Dr. Frank Small, York; Vice-Presidents, Drs. J. C. May, Manchester, M. L. Lochman, York; Secretary, Dr. B. F. Habley, York; Treasurer, Drs. I. C. Gable, York; Censors, Drs. S. J. Rouse, I. C. Gable, W. F. Bacon; Medical Examiners, Drs. A. C. Wentz, Hanover, W. C. Stick, Glennville, G. W. Bahn, Spring Grove.

The third annual report of Dr. Edward N. Brush, medical superintendent of the Sheppard Asylum, shows that there are now in that institution 33 men and 27 women, a total of 60. During the year 36 men and 21 women —a total of 57—were discharged, being rated as follows: Recovered, 14; much improved, 8; improved, 10; unimproved, 10; died, 9. The remaining six discharged were cases of alcoholic or opium habit. Dr. Brush dwells at considerable length upon the work of the institution and the methods employed, and presents both in an interesting manner.

WASHINGTON NOTES.

The absence of a medical law in the District of Columbia has attracted to this city many quacks and incompetent men who have been unable to pass the examination that is necessary now in so many of the States. A bill has been framed and it is hoped that a Board of Examiners will be appointed and that it will be empowered not only to grant licenses but to revoke them when it sees fit. It is possible that the outbreak of small-pox will be the means of bringing about this reform.

The Commissioner of Pensions has issued an order that no physician of the Medical Division of the Pension Office shall practice medicine after he leaves the Office. This was done to prevent contagious diseases from being carried by these doctors into the Pension Office and thereby exposing the other clerks. It was discovered that one of the so-called "sun-downs" had been attending a case of small-pox and at the same time attending to his duties as clerk.

The regular meeting of the Obstetrical and Gynecological Society was held on Friday night, Dr. H. D. Fry, the President, in the chair. Dr. J. W. Bovée presented two specimens, one a uterus, removed by abdominal section for fibroma, another a uterus removed through the vagina for osteo-myoma and complete prolapse. There had been secondary hemorrhage in the latter case. The specimens and operations were discussed by Drs. J. Taber Johnson and H. L. E. Johnson and others. Dr. G. N. Acker reported a case and read a paper on "Hemorrhage during Labor." This was liberally discussed by Dr. H. L. E. Johnson, who said it was rare and cited a case of his own. Dr. J. Taber Johnson, Dr. A. F. A. King, Dr. J. W. Bovée and others joined in the discussion.

Dr. E. L. Tompkins presented a patient suffering from anterior polio-myelitis and read a paper on that subject. Drs. S. S. Adams, G. N. Acker and F. S. Nash discussed the paper.

The business meeting of the Medical Society of the District of Columbia held its regular meeting on Monday night. Dr. S. C. Busey was re-elected President, Drs. G. L. Magruder and T. N. McLaughlin were elected Vice-Presidents, Drs. S. S. Adams and C. W. Franzoni were re-elected Secretary and Treasurer respectively. The following gentlemen were elected honorary members: Dr. Wm. Osler of Baltimore, Dr. T. A. Ashby of Baltimore, Dr. Landon Carter Gray of New York, Dr. M. W. Russell of Concord, N. H., Dr. Frederick C. Shattuck of Boston, Dr. Wm. A. Russell of Providence, R. I., Dr. Theophilus Parvin of Philadelphia, Dr. Bedford Brown of Alexandria, Va., Dr. Walter Wyman, Surgeon-General of the Marine Hospital Service, Dr. Sternberg, Surgeon-General of the Army, and Dr. Tryon, Surgeon-General of the Navy.

Several amendments to the by-laws were offered and adopted. A large number of names of applicants for membership was read.

PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending January 7, 1895.

Leave of absence for three months on surgeon's certificate of disability is granted Captain William C. Shannon, Assistant Surgeon, United States Army.

Leave of absence for one month is granted First Lieutenant Henry C. Fisher, Assistant Surgeon.

The leave of absence on surgeon's certificate of disability granted Major Washington Matthews, Surgeon, is extended four months on surgeon's certificate of disability.

UNITED STATES NAVY.

Week Ending January 5, 1895.

Medical Director Michael Bradley detached from duty as a member of the Naval Examining and Medical Boards.

Medical Director B. H. Kidder ordered as member of the Naval Examining and Medical Boards.

Surgeon J. B. Barker ordered to special duty in connection with the investigation of the Ford Theatre disaster.

Passed Assistant Surgeon Lewis H. Stone promoted from Assistant Surgeon.

Passed Assistant Surgeon F. J. B. Cerdeiro ordered to study the subject and make a report to the Department of the therapeutic value of antitoxine in the treatment of diphtheria and croup.

UNITED STATES MARINE SERVICE.

Sixteen days ending December 31, 1894.

George Purviance, Surgeon, relieved from command of service at Philadelphia, Pa., and detailed as Medical Inspector of Immigrants at that port, December 18, 1894.

F. W. Mead, Surgeon, directed to proceed to New York, N. Y., for temporary duty December 27, 1894. To rejoin station (Washington, D. C.) December 29, 1894.

H. R. Carter, Surgeon, granted leave of ab-

sence for twenty-four days, in lieu of leave granted November 20, 1894, December 21, 1894.

C. T. Peckham, Passed Assistant Surgeon, to inspect unserviceable property at San Francisco Marine Hospital, December 26, 1894.

P. C. Kalloch, Passed Assistant Surgeon, to report at Bureau for special temporary duty, December 29, 1894.

W. D. Bratton, Passed Assistant Surgeon, placed on waiting orders, to date from January 1, 1895, December 26, 1894.

G. M. Magruder, Passed Assistant Surgeon, granted leave of absence for ten days, December 22, 1894. Leave of absence extended five days, December 31, 1894.

T. B. Perry, Passed Assistant Surgeon, to proceed to New York, N. Y., for temporary duty, December 28, 1894.

J. O. Cobb, Passed Assistant Surgeon, granted leave of absence for three days, December 28, 1894.

J. C. Perry, Passed Assistant Surgeon, to proceed to Philadelphia, Pa., and assume temporary command of service, Dec. 18, 1894.

J. A. Aydegger, Assistant Surgeon, granted leave of absence for three days, December 18, 1894.

Rupert Blue, Assistant Surgeon, to proceed to San Francisco, Cal., for duty, December 18, 1894. Granted leave of absence for six days, December 24, 1894. To proceed to Cincinnati, Ohio, for temporary duty, December 28, 1894.

Emil Prochazka, Assistant Surgeon, granted leave of absence for twenty-five days, December 17, 1894.

H. S. Cumming, Assistant Surgeon, leave of absence granted November 7, 1894, canceled December 20, 1894. Granted leave of absence for seven days, December 31, 1894.

BOOK REVIEWS.

THE POCKET ANATOMIST. By C. Henri Leonard, A. M., M. D., Prof. of Gynecology, Detroit College of Medicine. Leather, 300 pages, 193 illustrations; post-paid, $1.00. The Illustrated Medical Journal Co., Publishers, Detroit, Mich.

The eighteenth edition of this popular anatomy is printed on thin paper and bound in flexible leather so as to be specially handy for the pocket. The illustrations are photo-engraved from the English edition of Gray's Anatomy, so are exact as to their details. Three large editions have been sold in England, testifying to its popularity there, and some sixteen thousand copies have been sold in this country. It briefly describes each artery, vein, nerve, muscle and bone, besides the several special organs of the body. It contains more illustrations than any of the other small anatomies.

CURRENT EDITORIAL COMMENT.

RADICAL CURE OF HERNIA.

University Medical Magazine.

IN spite of the already large number of methods which have been devised for the radical cure of hernia, the list still grows apace. This is conclusive evidence that we have as yet no method that is uniformly successful. All conservative writers agree that after every one so far devised there will be a large number of recurrences. The reason for so large a proportion of failures is not difficult of explanation. The success of the operation depends, of course, upon securely obliterating the canal through which the hernia descended.

SIR JOSEPH LISTER.

The American Lancet.

To the pauper as well as to the millionaire, Lister has made surgical relief possible, by enabling even the humblest doctor in the most out-of-the-way location, with the poorest tools, to do excellent surgery. Well appointed hospitals, trained nurses, perfect appliances for surgical technique, are still most desirable, but they are no longer indispensable. So common have become the actual workings of the surgical methods introduced by Mr. Lister, that we seem to have known them always. The doctrine of Listerism has cleansed every dirty hospital in the world, transformed every surgeon, and made careless doctors a byword and disgrace.

CARE OF THE POOR.

Buffalo Medical and Surgical Journal.

IF the highest function of prevention is exercised, it must be done through channels that relate to the health of the poor. Disease can be prevented in a great measure by maintenance of nutrition, warmth and cleanliness. It is better to prevent sickness than to cure it. This aphorism holds good viewed from the most severe standpoint of money economics. There is no surer way to breed disease than through the avenues of starvation and nakedness. Fuel, food and clothing are great sanitary allies and should be dealt out with a liberal hand as preventive measures. This applies equally to public and private charity.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXII.—NO. 14. BALTIMORE, JANUARY 19, 1895. WHOLE NO. 721

ORIGINAL ARTICLES.

ON STOMACH DISTENSION.

READ AT THE SEMI-ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, HELD AT CUMBERLAND, MD., NOV. 21 AND 22, 1894.

By H. Salzer, M. D.,
Baltimore.

IN using the term "Distension of the Stomach," I wish to emphasize the difference between a temporary or functional and a lasting or organic dilatation of the stomach. The former is based upon lack and decrease of elasticity and muscular tonus; the latter upon pathological changes in the entire organ, such as grave atony, atrophy of the mucosa and muscularis, narrowing of the pylorus, or a combination of these conditions. The latter will very seldom let the stomach return to normal size and proportions, the former will, if its decreased elasticity is not further taxed above its limit and if muscular and nerve power have become normal.

Distension of the stomach being a temporary affection, the symptoms are also temporary. Among them head symptoms are most frequently prominent. Sick headache, pulsating temples, insomnia, general depression and vertigo are foremost subjective complaints. Nausea when present might be a very prominent symptom, or only form part of the general complaint. It often has the character of seasickness, as though it depended upon a more or less impaired fixation of the viscera. The dyspeptic symptoms are more or less obstinate constipation, sour stomach, caused in some cases by real hyperacidity, that is, hypersecretion of free muriatic acid, but more frequently by faulty formation of abnormal amounts of organic acids, lactic acid, butyric acid, etc. Further symptoms are, more or less painful oppression in the epigastrium, particularly one to three hours after eating, though sometimes directly after meals.

Eructations are frequent and often wished for, as they give great relief. They are often odorless and tasteless, caused by swallowed atmospheric air, which is retained by spastic constriction of both cardia and pylorus; they are less frequently caused by fermentation and then observed later on, four to five hours after meals. It cannot be said that this fermentation and the formed ptomaines are the cause of the head symptoms. In the majority of the cases in question, neurotic alterations are greatly in play with the distension of the stomach as well as with another abnormity which forms the most frequent complication, viz.: dislocation of the stomach itself as well as of the neighboring organs, especially the right kidney, and this mostly in the first degree. Where you are just able to have the lower half of the kidney in your hand during inspiration and feel it slip back during expiration, you have mostly a loose, not a floating kidney, together with a distended or temporarily dilated stomach.

Of over 600 patients who have consulted me during the past two years about their digestive organs and of whom I have kept records, over 200 belong to this group, and I think it of importance to the general practitioner to make himself familiar with this type of disease, as I can show that he can easily do so without the use of the stomach tube and time-taking analysis.

Before entering into the clinical details, I wish to say a few words important for the etiology of the affection. The fact that we sometimes find renal descensus of the mildest type accompanied by the most lamentable symptoms, and then again meet with a floating kidney, movable almost through the entire abdomen, without creating scarcely any unpleasant symptoms, must convince us that it is not the floating or wandering kidney alone which causes the distress, but that abnormities in other organs must be considered responsible for the sufferings.

Experience has shown me that where only stomach distension and a milder degree of intestinal atony were the complication with loose kidney, good results could be obtained by systematic treatment, whilst in those cases where the floating kidney was complicated with dilatation or grave gastro-intestinal atony, therapeutical measures seemed of no avail. The former always showed intermissions of good health, the latter kept the patient in almost constant greater or lesser agony. It cannot be denied that in such extreme cases, nephrorrhaphy (sewing of the kidney to the abdominal wall) and its fixation by it, has shown some very good results. Sulzer states that of 80 nephrorrhaphies, 40 were perfectly cured and obtained permanent relief. Here the gastro-intestinal distensions and atony, which in my opinion had caused the distress, had certainly been corrected by fixation of the kidney. There is no doubt that in other cases the gastro-intestinal abnormities are purely complications, not solely depending on the kidney position, but both are results of unknown factors; especially where lack of tonus and muscular and ligamentous relaxation are present also in other abdominal organs, for instance, the uterus and ovaries.

Our surgeons would be of valuable assistance in throwing more light upon this question by very carefully ascertaining the condition, size and position of the stomach and larger intestines before the operation, and especially at different periods after the operation. To my knowledge this has not been done as yet.

In two cases showing very movable, wandering kidney, discovered accidentally, and not causing any distress whatever, stomach distension and gastro-intestinal atony were absent, and it seems therefore plausible that the merely wrong condition of the digestive organs cause the distress; they may or may not be dependent on the kidney position, while the latter can be abnormal without affecting the position and functions of neighboring organs; though this seems to be the exception. The co-existence of wandering kidney with dilated stomach and gastro-intestinal atony, and of loose kidney in milder forms with stomach distension, seem to be the rule.

The subjective complaints of this combination are enumerated above. Let me say something about the physical signs and point out only the practical ones.

Inspection seldom reveals much in distension. To make the latter conspicuous by inflation is not advisable and not necessary. I have seen a very intense, real dilatation overlooked despite carbonic acid inflation, and the use of the rubber balloon ought to be left to those very familiar with the work.

Palpation is of very great importance, especially in the case of renal descensus. It needs some education of the hand for this examination. To do it properly it is best to proceed thus: Have the patient lie on his back with knees drawn up, stand at the right side, put the thumb of the right hand in the region of the right kidney and lay the fingers on the right hypochondrium, directly at the costal margin, feel your way very gently towards the thumb. In palpation the first rule must be not to feel what is immediately under the fingers, but for re-

sistance in the depth, in this instance, whether the depth between the fingers and thumb is empty or not. One must, so to say, learn to listen with the fingers. If you feel the space perfectly empty, request the patient to take a deep, slow inspiration. In a normal condition nothing will fill the space between the thumb and fingers, but contracted muscles, felt immediately under your fingers, which you will easily distinguish. But when you feel the kidney-shaped body come between your thumb and fingers during inspiration, hold it lightly during expiration; let the muscular contractions subside and let the object held slip back into its position, and you may be sure it was the kidney.

It would be proper to repeat the examination on the left side. I prefer to have the patient move to the other side of the bed and repeat there exactly the same manipulation.

The reproach of making a floating kidney by this method of examination would be absurd. You might as well accuse the gynecologist of making a prolapsed uterus by pulling it down to the entrance of the vulva. You will not be able to feel and hold the kidney unless it is loose. It may frequently occur that the kidney of a patient may be felt during normal breathing and then again you may not be able to detect it the next day, or even the next hour, except by the above method. It is a peculiar fact that a loose and floating kidney is much more frequent in the right than in the left side; I found a proportion of ten to one.

Percussion is of the greatest importance in detecting the stomach distension. It has to be done as immediate percussion, making a succession of taps upon the epigastrium. Use the precaution of giving the patient a laxative one day previous to the examination and have the transverse colon empty; examine, if possible before dinner, when the stomach is mostly empty; have the epigastrium free from clothing and tap with quick elastic taps with the finger-tips over the region where the stomach touches the soft abdominal walls. This region begins under the xiphoid process and reaches down to from one to two inches above the navel, but in distension and dislocation, sometimes several inches below the navel. Laterally it begins about two inches to the right of the median line and goes to the left as far as the papillary line.

If the tap with your finger is not followed by a splashing sound or movement, let your patient drink a half pint of water very slowly and lie down again. With healthy persons you will scarcely be able to detect the presence of the liquid, but with patients of our group you will be able to find out the amount of distension by the extent of the region in which you can produce a distinct splash by your taps.

If the splashing region is very long but narrow you have one of those perpendicular stomachs frequently met with in women who are very fond of tight lacing. Such a stomach is inclined to considerable distension. If it reaches low down but not high up, scarcely above the navel, you have in all probability a case of gastroptosis, a stomach dislocated downward, and alike inclined to distension. If you have a splash area extending almost over the entire district given above, you have a very much distended stomach, and you ought to convince yourself whether you have not a real dilatation with serious pathological conditions.

So far the pressing out of the stomach contents by syphon or pump and subsequent analysis have been the only diagnostic means. I think the following method will be fully sufficient to differentiate comparatively light affections of this kind from the graver ones :

Give your patient early, on a perfectly empty stomach, a hypodermic injection of $\frac{1}{15}$ to $\frac{1}{12}$ grain of apomorphine. I have always found this quantity sufficient and it never produces any unpleasantness whatever. Before you give the injection, have at hand a tumbler of lukewarm water and two dishes, a small one and a larger one. A few minutes after the injection, make your patient, who has now a light nausea, spit up a few drops out of the empty stomach into the small dish. This requires a little, but by no means

distressing, retching. Now have the patient drink a tumbler of lukewarm water and collect in the larger dish what he vomits. If the latter contains particles of food from the previous night, you have in all probability a case of real dilatation, but if it contains food taken twenty-four hours and more before the injection you have a case of undoubted dilatation caused by more or less serious organic lesions. If the large dish, however, contains only the water drunk after the injection, with the addition of some bile, giving it a yellowish tint, or some stomach juice, giving it a greenish color, or more or less mucus, the distension found by the splash is based on comparatively innocent reasons.

The immense diagnostic value of the empty stomach in the morning was pointed out by Boas, who has been foremost in paying proper attention to the atony of the stomach.

Even if the vomiting brings up large masses of frothy, white of egg-like mucus, this would, as well as the greenish color, indicate only neurotic disturbances. The yellowlsh tint caused by bile is simply the result of the retching and shows very often when the stomach tube is used.

I have tried this method with my own stomach as well as with others, and found it to answer in every respect the same purpose as the pressing out of the stomach contents through the tube, or the Einhorn bucket, which is a torture, especially while withdrawing it. Of course, for those who are experts, the use of the tube will always remain of the same value, but for the practitioner the apomorphine method is a splendid substitute.

The few drops in the small dish are very valuable to show whether the patient is suffering from hyperacidity, and especially whether sour stomach is due to formation of organic acids or to hypersecretion of muriatic acid.

A little strip of Congo-paper dipped into the small dish will not change its color in the majority of cases. If it changes into dark blue, it shows the presence of free hydrochloric acid, when the stomach is perfectly empty; this means hyperacidity or neurotic hypersecretion. In the four cases in which I used this method, the paper remained red. One of the patients on a previous occasion had shown the acid when the tube was used. This shows, it appears, that the apomorphine method is even less irritating than the tube, for the gaining of the stomach contents. Of course in those exceptional cases where the stomach still contains food particles, the Congo test has no value. Such cases should be turned over to hands familiar with all diagnostic and operative measures.

The perfect absence of food particles, the distinct splash and the renal descensus felt in your hand, give you a precise clinical picture as to the cause of most of the symptoms enumerated above, and you can treat your patient in a clear, systematic way.

Before entering upon therapeutics, I wish to say that I have personally seen very few cases of distended and atonic stomachs without renal descensus since I have paid close attention to this point. Those I have in my journal have organic lesions at the root; especially glandular gastritis caused by habitual over-eating and drinking.

Concerning the reasons for the coincidence of renal descensus with stomach distension, it is impossible to say anything. Therefore the causal indications for treatment can only be sought in general principles known to increase muscular and nerve force. The best hygiene is the best causal treatment. Outdoor exercise in summer and winter is the most desirable factor. A very moderate and gradually increased use of the bicycle has been of the greatest value.

Beginning with from five to ten minutes, let even the expert rider not make more than from two to three miles a day, dismounting at intervals to walk by the side of his wheel, especially wherever there is uphill or otherwise hard riding. A great advantage in bicycling is the fact that the patient must watch the wheel and thus cannot always be aware that he is working for health. Doubtless the great value of well-conducted watering places, like Carlsbad,

is founded on the fact that the hundreds of men and women walk and climb together, drink water instead of strong drink, keep proper diet and do all these things without even thinking of it, because everybody there does the same.

With patients of somewhat neurotic type we ought to avoid as much as possible measures which would lead their attention too much to certain organs or remind them of their ailments.

Washing and bathing with cool water, especially before going to bed, is often of great advantage. The splendid results of the Kneipp method induce me to let the patient wash at bedtime the abdomen and back with cool water of from 70 to 75 degrees and to go to bed almost wet. In from five to ten minutes the skin and clothes are dry and the patient comfortable (a pleasant wet pack).

As to the clothing, it is best to avoid lacing and even the pressure from skirt strings and belts. The skirts, drawers, trousers, etc., ought to be suspended; in the case of women, from a loose corset or body, to which they may be buttoned.

Always make your patient wear a good, tight-fitting abdominal support. The poor can easily make one of double layers of strong muslin, and arrange it tight by strong muslin bands secured by safety pins. Two such bands ought to go from the back to the front between the legs to keep the support from slipping upward. As Dr. Osler remarked the other day, the obstetrician could probably treat these cases in a splendid prophylactic way by using very carefully the tight abdominal bandage after confinement.

Concerning diet, I must allude to the fact shown to me by repeated stomach emptying, that liquids alone leave the stomach within an hour, but when taken with meals, remain during the greater part of digestion. Therefore, if you give the necessary liquid one hour before meals and no liquid with the latter, you decrease the weight for the weak stomach. The best regimen for the constipated patient would be: One-half pint of mineral water, or hot water with a pinch of salt, and one of bicarbonate of soda first in the morning. If the patient insist upon it, give half a pint of milk-coffee or milk-tea with an ounce of milk-sugar instead of cane-sugar; one hour later a liberal breakfast with plenty of butter; one hour before dinner half a pint of sweet cider, and the same before supper; half a pint of liquid at bed time, good spring water, or for those who wish it or need it, half-pint of beer or ale, or water with whiskey. But insist upon leaving liquids alone at meals; even soup ought to be forbidden.

I found it wise to avoid rough articles, food with husk and seed. Any one who has, as often as I, taken out of the stomach the husk of the beloved oatmeal and Graham bread, each particle surrounded by a small lump of mucus, will admit that an organ with a trouble showing nerve-weakness, especially of an irritable character, is not benefited by such stimulation; its benefit to torpid bowels can easily be reached by other dietetics.

The meat ought to be underdone and well masticated. Soft meats, such as oysters, sweetbreads, brains and fresh fish, as a rule, being preferable. Sweet-meats ought to be somewhat limited so as not to increase the tendency to fermentation.

In cases of true hyperacidity (shown by the blue Congo tint in the small dish) raw fruits, vinegar, salads, pickles and all ice-cold and very hot things ought to be avoided to diminish the inclination to peptic ulcer, so frequently the result of hyperacidity. If by great tenderness to the slightest pressure and clearly shown hypersecretion of hydrochloric acid on an empty stomach this danger appears more distinctly, then, but only then, great rest, and a merely liquid (if possible milk) diet ought to be advised, and discontinued when the great soreness and hyperacidity have disappeared, so as to take the distension again more into consideration. A milk diet will often do wonders with chlorosis, glandular gastritis and ulcer, but it will never benefit distension, unless it has exceptionally been caused by these organic affections.

As much as I wish to emphasize the importance of outdoor exercise in distended stomach, yet after the main meals a short rest, from one-half to one hour, in a horizontal position, with removal of corset, is of great value. The undisturbed excursions of the diaphragm seem to be immensely beneficial during the first phase of digestion. If this rest can be taken after each meal, so much the better.

The medicinal treatment points out, first of all: Strychnia in doses of from $\frac{1}{30}$ to $\frac{1}{50}$ of a grain three to four times a day, and nux vomica in the usual doses. I am in the habit of adding one of them to other medicines which might be required symptomatically.

Capsicum, gentian, rhubarb, ipecac and bicarbonate of soda form an excellent addition to strychnia. Next to strychnia comes sweet oil, which in my experience has splendid effects in these cases; whether by its established cholagogue qualities, or as an increaser of heat production or both, or by other factors, I certainly do not know. I make the patient take one to two tablespoonsful about two hours after meals, beginning with one dessert and even one-half teaspoonful, to overcome idiosyncrasies. A lemon or peppermint lozenge might be given after the first few doses.

If the rules given above do not overcome the constipation I advise the use of a small enema of four to five tablespoonsful of cool water which stood over night in the bed-room and is injected before rising. It overcomes tenesmus and dryness in the rectum.

Of the laxative medicines I prefer cascara sagrada, 6 grains of the extract with $\frac{1}{4}$ of a grain of nux vomica before going to bed. In sour stomach caused by true hyperacidity the frequent use of codeia will be very beneficial, whilst where it is caused by organic acids, and if in general symptoms of fermentation are prominent, resorcin is very valuable, in doses of 2 to $2\frac{1}{2}$ grains together with strychnia or nux vomica; in anemic cases in addition to ferrum redactum 1 to 2 grains in capsule; or in painful fermentation with codeia, which is least costive of all narcotics, $\frac{1}{4}$ to $\frac{1}{2}$ grain in each capsule give efficacious formulæ. Small calomel doses with bicarbonate of soda and bismuth will also act as a splendid antifermentative. In gastralgic pains after meals with burning sensations codeia in pill, together with 12 to 15 drops of diluted hydrochloric acid, often have a very good effect. I used to fear this acid in cases where I had to suppose or rather found hyperacidity, or hyperchlorhydria, but the following experience has removed this fear: I had three patients, one of them a lady with renal descensus and stomach distension, which had existed for years, and were often combined with hyperchlorhydria. She owed the obstinate character of her troubles to her own obstinacy and unmanageable ways. The other was a man of 50 with stomach dilatation and most probably malignant pyloric stenosis. The third, a neurasthenic with very slight temporary distension, no kidney descensus and otherwise healthy, but too much inclined to eat too fast and too much at a time; he had at times a hyperchlorhydria of 7 per thousand free muriatic acid. I met these three patients at different times but in close succession and their triumphant faces told me at once that somebody had done more for them than I ever could, yet former good relationship induced them to tell me the secret, and in exalted words they praised their present condition, giving all the credit to a new and wonderful invention, "The Microbe Killer," only it was so expensive, $3.00 per quart bottle, and three wineglassesful every day. One of the patients had a small bottle containing the next dose and gave it to me for the benefit of my other patients. The slightly acid taste was very familiar to me.

I went home, added to a few drops of this panacea in a porcelain dish the corresponding quantity of Gunzburg's phloroglucin-vanillin solution and in a few minutes had the most beautiful purple reaction of a $\frac{1}{5}$ per cent. of muriatic acid solution. As there was absolutely no taste or smell about it, not even of a little sugar, and as this reagent is the most positive one and excludes all other

possibilities, I could only congratulate the great inventor who sells a bottle worth 5 cts. for $3.00. Since then I have very often used the hydrochloric acid in painful fermentation and sour stomach, even with patients inclined to hypersecretion of muriatic acid.

To favor eructations in painful oppression by atmospheric air or gas retained by cardiac contraction, bicarbonate of soda will often work very well. Such patients have almost always sour stomach and the rashly developed carbonic gas opens the cardia.

Anemia in cases of stomach distension does not yield to iron as well as in other anemic conditions, yet sometimes you will find it of value, especially by the addition of arsenic and strychnia. Blood examination would certainly give the most precise indication. In cases where a complication with peptic ulcer is suspected, I like the use of nitrate of silver, especially after the principal symptoms have been overcome by a rest and abstinence cure with rectal feeding or liquid diet. With such persons, who are not able to undergo this proper ulcer treatment, I depend solely upon this drug, after the advise of Boas, $\frac{1}{4}$ to $\frac{1}{2}$ grain dissolved in one ounce of distilled water, twice a day on an empty stomach, early in the morning and late at night.

Lavage by the use of the tube has done very little for my patients with distended, not dilated, stomach. It only seemed of value in the cases not connected with loose kidney and mostly met with in over-eaters, where probably some glandular gastritis existed, but not enough to give the clinical picture of the disease. Electricity I have used frequently, both externally and internally, with Einhorn's gastro-electrode. Short, beneficial effects were produced, but no lasting ones. It assists decidedly the removal of the stomach contents through the pylorus, but the stomach appears to become used to it very soon. In cases of stomach distension with renal descensus, both lavage and electricity were of very little, scarcely any, permanent benefit.

You see the practitioner can, without time-taking analysis and tubing, do a good deal in most cases of this kind, almost as much as the one who has all the allies of the *fin de siècle* at his disposition. The cases where his sphere is limited are clearly marked out.

SUMMARY.

1. Distension of the stomach caused by milder forms of atony is not permanent, but temporary. Intermissions of almost perfect health while under favorable hygienic conditions alternate with periods of discomfort and distress. The word distension designates a condition; atony a cause.

2. It is associated in most cases with the milder forms of renal descensus, a loose kidney. Causal relations of this complication are so far not established; and often with dislocation, particularly downward, of the stomach itself.

3. The most frequent and prominent symptoms are sick headace, vertigo, insomnia, depression, nausea and dyspeptic complaints, foremost constipation and flatulence. The physical signs for stomach distension and for its dislocation are a splashing sound and movement over a smaller or larger district in the epigastrium and below the navel; for the loose kidney the possibility of holding the lower half of the kidney between the fingers and thumb during prolonged inspiration and feeling it slip back on its own account.

4. The differential diagnosis from dilatation is easily established by an apomorphine injection on an empty stomach in the morning. Absence of food particles demonstrates distension—a mere functional disturbance; presence of the same, dilatation, caused by organic changes. The apomorphine method permits at the same time the diagnosis of hyperacidity and hypersecretion, when food residues are absent, by the Congo test, and enables the differentiation between true hyperacidity by hypersecretion of muriatic acid or sour stomach caused by fermentation and the formation of organic acids, such as lactic acid, butyric acid and others. The detection of hypersecretion of muriatic acid in this way further leads the atten-

tion to the possible presence or development of peptic ulcer complication.

5. Treatment of stomach distension with loose kidney embraces: (*a*) Plenty of fresh air and outdoor exercise in all seasons, but exertion and fatigue to be avoided. (*b*) Rest with loosened garments after meals. (*c*) Cold baths, especially sitzbaths, and sponging before going to bed. (*d*) The wearing of tight-fitting abdominal supports and avoiding corsets and belts. (*e*) Sufficient quantity of liquids taken one hour before meals, anticostive drinks mostly preferable; and avoidance of liquids with and after meals. (*f*) Liberal food, plenty of good butter, but food preferable without husk, seed and other rough articles insoluble in the digestive juices. (*g*) Medicinally foremost, strychnia with capsicum and ipecac, and sweet oil; besides, symptomatic treatment for pain, constipation, flatulence, anemia, etc.

1623 John Street.

INSANITY DURING PARTURITION.

By John Morris, M. D.,
Baltimore.

The following case of presumed infanticide may possess some interest for the student of medical literature inasmuch as it brings out the fact that a temporary insanity may be produced during labor, a condition in which the woman is not responsible for any acts of violence she may commit on her child or others. This point has not been noticed, as far as my reading goes, by writers on insanity or jurisprudence. I give all the facts in the case, including Dr. Keirle's examination.

Doctor Keirle's Statement.

W. F. Campbell, Esq., *Deputy State's Att'y.*

Dear Sir: Body of male child, newly born, navel cord torn and not tied; strip of hem of bloody underskirt (muslin) wound twice around neck of child tightly and tied, so compressing wind-pipe as to kill the child by strangulation. Child robust and born alive; corpse wrapped in above-mentioned underskirt, an old dress calico.

Body found in alley in rear of 1136 E. Pratt St., April 25, 1894, in the morning, supposed to have been born April 22, 1894, at 1106 E. Pratt St. Annie Mellinger is the supposed mother, I suspect. Most respectfully,

N. G. Keirle, M. D., Medical Exam'r.

Statement of Witnesses.

Police Department, Office of the Marshal.

Charles G. Kerr, Esq., *State's Attorney.*

Dear Sir: The following are the statements of witnesses concerning the death of an infant found in Philpot Alley, in the rear of 1106 E. Pratt St., by officer Mettee, about 6.30 P. M., April 25, 1894.

Levi Edlewitch, 1130 E. Pratt St.:

Annie Mellinger had been living in his house about four months and a half as a domestic; she came from Philadelphia; on last Friday she complained of not feeling well; I asked her if she wanted a doctor, as my wife was sick and a doctor was attending her, but she said "No, I will be well in a few days;" she was far advanced in a family way; I heard her say in the presence of Sergeant Gilbert that the child found in Philpot Alley was hers; that she had it last Sunday night at 11 o 'oclock and that she carried it up the alley and laid it there.

Maria Hall, Colored, 1110 Philpot Alley:

About 9.30 o'clock P. M., April 24, I was sitting on my steps, waiting for my daughter to come home, when I saw a woman come up Philpot Alley and go behind a wagon; she came from behind the wagon and went up the street; she came back to where I was and looked me in the face; I was sent for by Sergeant Gilbert to look for this woman and I recognized her as the same woman I saw come up the alley; I did not notice that she had a bundle of any kind.

Sergeant Jos. J. Gilbert, Central Dist.:

When the body of the infant was brought to the station house, Captain Toner sent me to find out what I could about it. In company with officer Loker, we found Annie Mellinger sick in the house of Levi Edlevitch

1135 E. Pratt St. I interrogated her as to whether she had given birth to a child; she said she had not; not being satisfied, I left officer Loker at the house, and I came to the station house and reported to Captain Toner that I suspected Annie Mellinger of being the mother of the child. I then went back to the house; Mr. Edlevitch said Miss Mellinger wanted to see me. I went to see her; she said she had given birth to the child last Sunday night at 11 o'clock; that on Tuesday night she took it to Philpot Alley, where she left it behind a wagon, and where officer Mettee found it. I questioned her about the string being around the child's neck, and she said she did not know; I asked her whether or not the child was born alive, and she said she did not know. She was taken to the Maternité Hospital in a hack, where she is under police surveillance.

OFFICER LOKER, Central District:

Sergeant Gilbert gave me a sample of the dress in which the child was wrapped; I made inquiry around my post and was told that a young woman living in the house of Levi Edlevitch was in the family way and had not been seen since Sunday. I reported what I had heard to Sergeant Gilbert and in company with him went to see her; it was Annie Mellinger, a domestic in the family of Levi Edlevitch; she denied giving birth to a child. Sergeant Gilbert left her to go to the station house to report what he had learned and left me in charge; when Sergeant Gilbert returned, Annie Mellinger was sent to the Maternité Hospital in a hack.

OFFICER METTEE, Central District:

About 6.30 P. M. I found the body of a white male infant in Philpot Alley in the rear of 1106 E. Pratt St., and I brought it to the station house.

DR. N. G. KEIRLE, 1419 W. Lexington St.:

The newly born white male child found in Philpot Alley in rear of 1106 E. Pratt St., died of strangulation, caused by a strip of muslin tightly bound twice around the neck and so tied. Very respectfully,

JACOB FREY, Marshal.

DOCTOR MORRIS'S OPINION.

CHAS. G. KERR, ESQ., *State's Attorney.*

SIR:—At your request, I have investigated the case of Annie Mellinger, indicted for infanticide, and all the circumstances connected with the supposed crime.

The brief story of Anna's life is this: She has given all her earnings to her parents since she was seven years of age. She is twenty years old, of very prepossessing appearance and gentle manners, of Jewish parentage, and evidently above her station. She speaks German readily, and English, strange to say, almost as well. This is a remarkable fact, and shows the readiness and cleverness of her race, inasmuch as she has been in this country only two years.

In reviewing a case of this kind, the following points of medical jurisprudence are to be taken into consideration :

1. In Great Britain, as well as in our own country, the usual verdict in cases of concealment of birth is not infanticide.

2. Infanticide is not regarded by the English law as a special crime, but as murder, requiring the same testimony as in cases of murder.

3. Many children come into the world dead and the signs of their having lived are very indistinct.

4. The law assumes that every child is born dead. The onus of the proof as to the child's having lived rests on the State.

The questions which a medical jurist has to determine and solve are:

a. The age or stage of uterine life that has been reached.

b. Whether the child has lived to breathe.

c. Whether it has been born alive.

d. The period of time that has elapsed since death.

e. The cause of death, whether violent or natural.

5. Before a child is fully born it may be destroyed by the insane act of the mother.

6. It was formerly supposed that the absence of air in the lungs was proof that the child was born dead and that the presence of air in the lungs is a proof of the child having been born alive; both of these views are erroneous. Children have been known to breathe feebly and continue in existence many hours with-

out apparently distending the lungs. Of course in these cases there is a small quantity of air admitted to the lungs, but it is expired without causing distension of the air vesicles. I have restored many a child to life that did not breathe at the time of its birth, and have failed to restore a number of children who had taken in several gulps of air after birth.

7. In general, when children are murdered, the amount of violence inflicted is considerably greater than that which is required to destroy them. In Anna Mellinger's case strangulation by the hand would have been the simplest means that would most readily come to the mind of the mother. Death by hanging would not naturally or reasonably be suggested in such a case.

8. The presence of air in the lungs is not in itself a sufficient proof of the child's having been born alive; for the reason that I have heard children cry feebly *before* birth. Many children die even after the head is delivered from cessation of labor pains and the exhaustion of the woman, or from the ignorance, awkwardness and bad management of the medical attendant or widwife.

The most important point to be determined in this case is whether the child was destroyed by the insane, involuntary act of the mother just at the time of birth or by a voluntary act after birth. The former, I think, may have been possible, for the reason that I have seen quite a number of cases in which women have attempted to strangle their offspring at the time of birth, owing to a temporary insanity occasioned by extreme suffering. This brief insanity, which does not last more than five or ten minutes, occurs just at the moment when the head is expelled and the body is still in utero.

Driven wild by the last agonizing pain, the mother attempts to grasp the cause of her suffering and effect its destruction, and can only be deterred from her purpose by the prompt intervention of the accoucheur or others in attendance. Being prevented from accomplishing her impulsive design, she turns savagely upon the attendants. Every medical man who has a large experience in midwifery must have witnessed this exhibition of uncontrollable impulse.

In the case of Anna Mellinger, being alone and suffering from the throes of first parturition, it is highly possible that the mental strain may have brought about this condition. I am more confirmed in this by what has occurred in the last two days. Imprisoned for seven months, not having heard from her relatives in Russia, unable to take the food prepared in prison, suffering from great depression and consequent melancholy, Anna Mellinger had an outbreak of hysterical, emotional insanity. By mistaken judgment on the part of the matron, who is a very humane woman, her cell was locked, and this led to an attempt to take her own life. Fortunately, medical aid was summoned in time to rescue her from death. All these facts and considerations lead me to the judgment that she was not responsible for the death of her child.

Anna Mellinger avers that she had no knowledge whatever of the birth of her child and no recollection of the circumstances connected with it. I believe this statement, forasmuch as she is very emotional, of the hysterical temperament, as already mentioned, and consequently liable to fall into the condition described above.

The fact stated by Dr. Keirle that the cord was torn, not tied, is important for the reason that it proves that the child must have fallen to the floor, or that the mother tore it in her violent efforts to extricate the fetus from the womb. In a healthy, well organized child it would require great strength to tear the cord save at its junction with the placenta. The opinion of Dr. Keirle that the child was born alive is a mere *obiter dictum*, based, no doubt, upon the theory that the presence of air in the lungs denotes the fact that the child has had a breathing existence. This single circumstance is not sufficient, as I have shown above, to prove the viability of a new-born infant.

Dr. Keirle's opinion that the child was strangled is based on a reasonable presumption, but, as I have stated be-

fore, this would not be the means that a woman at such a time would be likely to take to destroy her offspring. Moreover, in such a case, the cries of the child would have been heard in the house and might have been heard in the neighborhood. The other circumstances connected with the disposal of the child have nothing to do with the main question. They only prove the means taken to conceal the birth, which is not infanticide under the law.

Dr. Keirle's opinion as well as the statements of the witnesses having not been submitted to me before the results of my investigation were given to the State's Attorney, it was found necessary to add the above statement.

Anna Mellinger, after eight months' confinement in prison, was released without trial. She is now an inmate of the Hebrew Hospital, where she will have to remain some months to restore her shattered constitution.

I have stated in the commencement of this article that I have not met this peculiar form of insanity in literature. Furor parturitionis, it might be properly termed, but in conversing with Dr. Brush of the Sheppard Asylum, he tells me that he has found in his readings a description of this trouble by some author. Chorea, an allied affection, sometimes occurs during labor, but this fact, I believe, is not even mentioned by authorities on midwifery.

Many animals destroy their young immediately after birth, but this is not the result of furor or from a desire to destroy the cause of their suffering. This may be, however, the operation of a law to prevent over-production. The sow has but a certain number of teats and each pig, it is said, selects a particular teat and sucks no other, consequently, when the litter is larger than the number of teats, the mother limits the number by destroying the excess. Ignorant people call all manifestations of mind in animals *instinct*, whereas, these manifestations are the result of the highest reason. Animals possess the strongest attributes of mind, will, memory and understanding. Other animals, beside the sow, destroy their offspring. There is a certain breed of chickens (Leghorn) that have this habit and rabbits are also destroyers of their progeny. The male peacock breaks the eggs, thus, in his way, preventing overproduction. This list could be enlarged but it would serve no purpose at this time. The study, however, is interesting and suggestive.

Astigmatism as a Cause of Myopia.—Dr. Leartus Connor, in writing on Astigmatism as a Factor in the Causation of Myopia, in the *American Lancet*, draws the following conclusions:

1. In the majority of cases myopia is a disease of the eyeball of more of less gravity — a disease which not only diminishes sight, but tends to destroy it through organic changes in the sclerotic, choroid, vitreous, lens, etc.

2. Myopia cannot be cured — its treatment is limited to the restriction of its development, the curbing of its ravages, and the correction of its disabilities.

3. Myopia is induced, usually, by the efforts of the eye to perform its work when crippled by astigmatism. Accessory factors in causing myopia include conditions which make it more difficult for the eye to see quickly and accurately, or which impair the nutritive supply.

4. Eyes normal in structure do not become myopic under the strain incident to life in the schools, or in business or professional pursuits; nor do they suffer from asthenopia, or interfere with the functions of the nervous system or any other apparatus in the body.

5. The prevention of myopia depends mainly upon the early correction of defects of structure, and the continuance of this correction, at least throughout the period of actual growth. To this it is wise to add such other conditions as will to the largest degree restrict eye-strain.

6. The most effective method of eliminating myopia from the race is the requirement of a physician's certificate of physical soundness from all who seek an entrance to the public schools, said certificate to include a correction of all astigmatic defects.

SOCIETY REPORTS.

CLINICAL SOCIETY OF MARYLAND.

MEETING HELD DECEMBER 7, 1894.

Dr. Rohé read a paper entitled CLINICAL OBSERVATIONS UPON THE RELATION OF SOMATIC DISEASES TO MENTAL DERANGEMENT. (See page 205.)

This was followed by a paper from Dr. Preston on the ETIOLOGY AND THE PATHOLOGY OF HYSTERIA.

Dr. Wilmer Brinton read a paper on the INDUCTION OF LABOR IN NEPHRITIS, with report of cases. (See page 223.)

Dr. J. Edwin Michael: This question calls always for quick action, and delay is dangerous. I wish to say a word about the diagnosis. It is made often by the ophthalmologist. A doctor should make the examination of the kidney lesion himself and it should be so well known to the obstetrician that he should not let the patient go to blindness. I should feel shabby if an ophthalmologist had to tell me of the existence of the disease. As to the treatment, I disapprove of Dr. Brinton's method of producing labor, that of using the bougie when a woman is having convulsions. Rapid dilatation by the finger is the safest and best method of bringing it on though it is a difficult and troublesome plan. When the hand is used you run no risk of getting into the wrong place or doing any damage. The two remedies I like best are morphia and venesection. I do not know what venesection does except bring out a lot of bad blood, but it most surely produces good results. I believe that morphia and venesection are both extremely satisfactory and that the latter has not been properly tried.

Dr. William T. Howard is a strong advocate of it. Before coming to Baltimore he had treated seven cases by free bleeding and saved them all. The next six cases he saw here were treated in different ways and they all died. The next one was bled and got well. I believe the results are better on the average than are to be obtained in any other way.

Dr. Hiram Woods: The question of the eye-symptoms is apt to be misunderstood unless you bear in mind that there are two varieties of blindness associated with albuminuric conditions in pregnancy. One is the sudden failure of sight, such as described by Dr. Brinton where there is no retinal lesion, the other a case of true inflammation, with white plaques and decided retinal changes. The question is whether in any of Dr. Brinton's cases there was true albuminuric retinitis. There were no ophthalmoscopic examinations made and in all he said the blindness was sudden, and, with one exception, all got well. I can recall a patient in my care who had albuminuric retinitis in her first pregnancy and her sight was reduced to a very small point. I followed her through four or five pregnancies and although nearly blind in each, her sight was always restored to the point it had been left during the first pregnancy. Four of Dr. Randolph's cases had these changes, the other did not. The first case of his which was referred to by Dr. Brinton was not properly diagnosed. With a woman in her first pregnancy with ensuing albuminuric retinitis, the question suggests itself: Is premature labor in the fourth or fifth month justifiable? I should think it was, but how would that be regarded from an obstetrical point of view?

Dr. Todd: I find that in New York the custom among the physicians is to justify the operation for the saving of life but not simply to save eyesight.

Dr. Norment: I wish to mention two cases seen recently: One in her fourth pregnancy. In her first she had eclampsia five or six weeks prior to labor and conservative treatment was adopted. She was delivered of a child which had evidently been dead for some time. In her second, she had eclampsia during labor, and was delivered by forceps of a living child. In her third, she had a perfectly normal pregnancy and labor. In the fourth, I was sent for and found her in eclampsia in the eighth month of pregnancy. She was very large, weighing 240 pounds. There was no evidence of the onset of labor, and the difficulties of inducing labor, the condition of the

patient and the fact that she had been through the thing before successfully, led us temporarily to postpone the induction of labor. We followed Dr. Michael's plan and bled her freely. She was stone blind and I found any number of white plaques in the retina. Five weeks later she was delivered of a still-born child. There was little return of vision until after labor, but later it came up to about one-third normal. In my second case I found a woman eight months pregnant in eclampsia for several hours, recognizing no one, and complaining of pain in the head. I bled her freely; she became conscious at once and was altogether better. She had been perfectly blind but soon was well enough to read the newspaper. She was afterwards delivered of a dead child. She had, I think, uremia without retinitis; I found no albumen in the urine.

Dr. Brinton: Where we have time, certain methods can be used for inducing labor but when in a hurry the use of the finger is best. We did use morphia in one case and with good results. I once reported four cases in which I had bled, and three recovered. In the next three cases treated in the same manner, all died.

H. O. Reik, M. D., Secretary.

Medical Progress.

Typhoid Fever in Infants.—The profession is gradually beginning to appreciate the fact that typhoid fever is more common in infants than was formerly believed. Various writers have contributed evidence to support this statement and Dr. I. N. Love concludes an article on this subject in the *Journal of the American Medical Association* as follows:

1. Typhoid fever occurs more frequently in children than is generally supposed.

2. The fact that ulceration and hemorrhage is much less frequent would explain the absence of pronounced abdominal symptoms.

3. The erratic, undeveloped and hyper-sensitive nerve centers in early child life explain why the toxic secretions of the Eberth bacillus should make cerebral symptoms very pronounced.

4. Given a child of any age with or without intestinal disturbance, with a continued elevated temperature, with or without marked evidence of cerebral disturbance, the possibility of the presence of the Eberth bacillus of typhoid fever should be constantly kept in mind.

* * *

Nutmeg Poisoning.—Nutmeg is seldom used in medicine except as a flavor, but as a household spice it has long been helpful in flatulency. Cases of poisoning from its use are not common and for this reason the one reported by Dr. Alexander L. Hodgdon, in the *American Medico-Surgical Bulletin*, is of interest. The patient ate four nutmegs within a few hours and went into a state of alarming collapse. By the use of heat and such cardiac stimulants as caffein, digitalis, nitroglycerine, etc., all evil effects were removed and the case recovered.

* * *

On Exploratory Abdominal Incisions.—Aseptic surgical work has rendered exploratory incisions, in skilled hands, very safe procedures. Dr. Louis Frank, in the *American Medico-Surgical Bulletin*, says:

1. That the diagnosis of intra-abdominal and pelvic disease is always more or less obscure.

2. That we should be prepared to meet any and all emergencies that may arise.

3. That it may at times become necessary, considering the result to our patient, to close the abdominal incision without attempting a radical operation.

4. The exploratory abdominal section is always justifiable.

* * *

Apex Expansion in Phthisis.—Weaver recommends, in the *Medical Record*, pulmonary gymnastics in phthisis. After full inspiration the breath is held while the chest is compressed with the hands. The arms should also be raised above the head and forced expiration should be practiced. This should be done every two hours for ten minutes, on rising and retiring, but not when there is danger of hemorrhage.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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SEE PUBLISHERS' DEPARTMENT, PAGE 259.

BALTIMORE, JANUARY 19, 1895.

The State Faculty and the Library.

WHILE numerous committees are meeting each week to arrange for the reception of the members of the American Medical Association, the Committee on Permanent Location of the State Society is trying to solve the problem of having a good State Society and a library with equal fairness to all members. Traditions are hard to live down in these parts and the fact that a thing has existed for many years is often made the ground for its continued existence in spite of good reasons to the contrary.

While various opinions are expressed as to the future plans of the State Society and library, all are united in the endeavor to give the greatest benefit to the greatest number. The situation of the old library is undoubtedly a great objection. A room which is gloomy at one season, cold at another, rarely free from dampness and almost always close and unventilated is hardly a fit resting place for a medical library. Any radical change is naturally met with strong opposition by those who love the good old times in spite of their many discomforts. It is evident that the library and the State Society should be divorced and while they may use the same building if necessary, they should certainly exist as separate organizations.

In the first place, the library can with very few exceptions be used by the city members only, while the State Society should contain on its roll every reputable regular physician in the State. Instead of fixing the fees at two dollars for county members and five for city members, the fees for all members alike should be one or two dollars and the library as a separate organization should be managed in a liberal way and charge at least ten dollars a year for membership.

The State Society needs no permanent home but the library does. Therefore provide the library with a permanent home and let the library organization rent to the State Society the use of a hall with a place to keep its archives for a nominal sum. It has been proposed to ask donations from members of the profession and one physician has even suggested to solicit alms (for such they are) from some public spirited citizens. This would be a very wrong move. If the physicians of Baltimore and Maryland cannot buy and support their own library building or hall they should go without it rather than beg for it. In the same way it would be a bad plan to ask outright money from the profession for the building.

Much better would it be to form a committee on building, as has been done. Let them incorporate as a separate organization from the State Faculty and let them form a stock company and sell stock at ten to twenty-five dollars a share. The physician who would not be willing to give one hundred dollars might buy four shares of stock for the same sum. This would tend to give an independence to the project and no one need be thanked for money donated. In these days of stock companies and corporations the medical profession should not be begging money. This plan is worth considering seriously by men of the profession who have business sense.

THROUGH the energy of the Governor of Maryland and the State Board of Health, the dangerous flint mills in this State have been closed up. The mills were used to grind a certain kind of flint stone which was especially adapted to make a fine kind of china, and was exported to England, as well as used extensively in this country. It was necessary to employ dry grinding, causing the escape of much dust in the process. This led to such widespread mortality among the men at work in the mills that the owners provided the workmen with respirators and employed a man to see that they were used.

Dangerous Flint Mills.

In spite of all these precautions the men would not take care of themselves but walked openly into the arms of disease and death. Public opinion has been so strong in the neighborhood of these mills that they have been closed.

The disease which this dust inhalation causes is called by the general term pneumonoconiosis and is a form of interstitial pneumonia unaccompanied by the tubercle bacillus, unless the sharp edges of the flint stone make a wound through which the bacillus can enter and find a good medium of growth. Such cases tend to improve when removed from the source of danger, but the interstitial thickening never disappears and the victim is usually disabled for life.

* * *

IT is always an unfortunate circumstance when misguided sanitary zeal or a strong mercantile combination can drive a good article of food out of the market. In more than one instance science has shown herself superior to nature in supplying a food or flavor, and when the laws can be made to work against a known pure article to favor an uncertain compound made of supposed milk it is time to give legislators primary lessons in food inspection.

Butter and its Imitations.

Oleomargarine and butterine have been practically driven out of the markets of this region, not because they are less valuable than butter, but because butter has more friends. Butter at its best is an uncertain compound, as is the milk of which it is made. The artificial butters, on the contrary, are made of known compounds and are as pure as chemistry can make them. Moreover, they are preferred by a large number of consumers and this not only on account of their price, which in some cases is as low as that of butter and in others as high or higher, but because the flavor and standard of the artificial butters is constant.

A test case will soon be decided in Baltimore and then it will be seen whether a good product may be sold side by side with an uncertain one.

* * *

STATISTICIANS often tell us agreeable facts and again they deal out statements which we hope are not true. A correspondent in the London *Lancet* asks if red hair is disappearing and then adds his own testimony that red heads will soon be a memory and no longer a reality. Statistics, which sometimes tell the truth, aver that blondes are disappearing and that brunettes are annually increasing in proportion.

Is Red Hair Disappearing?

Red hair is supposed to denote violent temper, great quickness of intellect, a warm temperament and a particularly clear complexion. If red hair is disappearing, then tempers and intellects must be on the decrease. It would hardly be right to make a statement that red hair is disappearing unless a special investigating committee, which is just now the fashion, should make a full report. The disappearance of hair of any color is to be deplored, but as long as white horses exist the red head should not be allowed to die out.

* * *

THE melting snow and thawing ice have brought about a climatic condition favorable to the recrudescence of that unwelcome and suddenly appearing disease, grippe, or epidemic influenza. This disease, which created so much consternation a few years ago, has again appeared in many of the large cities and caused quite a flurry of practice among physicians.

Grippe Again.

It is not easy to understand the sudden appearance and quick subsidence of this mysterious malady, but its connection with unclean streets full of slush and melting ice and snow which make the air so chilly, would tend to show that these very periods of sudden warm weather following close on a snow and freeze render those who work too hard and expose themselves to wet and rain without proper protection particularly susceptible to an attack.

MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending January 12, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		21
Phthisis Pulmonalis		27
Measles	12	
Whooping-Cough	2	1
Pseudo-membranous Croup and Diphtheria.	18	8
Mumps	6	
Scarlet fever	38	3
Varioloid		
Varicella	2	
Typhoid fever		5

One case of typhus fever has been reported at Buffalo.

The State Board of Health held its annual meeting last week.

An exchange says that Dr. C. M. Terry, the new Surgeon-General of New York, is a homeopathist.

The Laboratory of Bacteriology of the Philadelphia Polyclinic will make free bacteriological examinations in cases of suspected diphtheria.

Dr. Osler has decided not to accept the position offered him at McGill University and will remain with the Johns Hopkins Hospital and University.

It is proposed to raise money both in this country and in Europe for a memorial to Charcot. Dr. William Osler is the member of the committee for Baltimore.

Dr. A. H. Ohmann-Dumesnil has obtained full control of the St. Louis *Medical and Surgical Journal*, Dr. Frank M. Rumbold having gone to California, perhaps for permanent residence.

The Boston Society for Medical Improvement, in line with suggestions made by this JOURNAL, has appropriated a sum for the support of the *Index Medicus* on condition that other societies do the same thing.

The annual report of Dr. George H. Rohé, Superintendent of the Maryland Hospital for the Insane, shows an overcrowded condition of the hospital, but a very large per cent. of recoveries of those who had been in the institution for one year only. The sewage field system works well.

Dr. E. T. Duke, Health Officer of Cumberland, is working with Dr. J. J. Kinyoun at Washington, studying the preparation and effects of antitoxine. Cumberland is to be congratulated on such a progressive health officer.

The annual report of the Presbyterian Eye, Ear and Throat Charity Hospital for 1894 shows the following statistics: Number of patients, 11,750; number of visits paid, 35,319 (average 112 patients a day); number of operations, 2520; number of patients in hospital, 617; number in free wards, 361; shortest stay in hospital, one day; longest stay in hospital, six weeks.

At the annual meeting of the Hebrew Hospital and Asylum Association, the following staff was elected for the following year: Dr. Melvin S. Rosenthal, Resident Physician; Dr. Jordan Smith, Assistant; Dr. Joseph S. Blum, Visiting Physician. Drs. A. Friedenwald, Thomas Opie, Charles G. Hill, John W. Chambers, William T. Howard, George J. Preston, Consulting Staff; Dr. B. Myer was elected dentist.

The Baltimore Medical Association held its annual meeting and banquet last Monday night and elected the following officers: President, Dr. H. H. Biedler; First Vice-President, Dr. Randolph Winslow; Second Vice-President, Dr. Wilmer Brinton; Recording and Reporting Secretary, Dr. E. L. Crutchfield; Corresponding Secretary, Dr. Theodore Cooke, Jr.; Treasurer, Dr. W. E. Wiegand; Executive Committee, Drs. E. D. Ellis, John T. King and David Streett; Committee of Honor, Drs. John Neff, E. G. Waters and J. D. Blake.

By a more exact estimation the Health Commissioner of Baltimore shows that the death-rate for the past year was 19.04, the whole number of deaths being the smallest in the past five years while the death-rate among the colored was the largest in that period. He makes valuable suggestions as to a bacteriological laboratory for the study of infectious diseases and their treatment; he advocates the restricting of consumption. He further asks for a hospital for contagious diseases, a more scientific method of disposing of garbage and sewage and refers to the valuable work done in the past year in milk inspection.

WASHINGTON NOTES.

The regular meeting of the Medical Society of the District of Columbia was held on Wednesday night. Dr. J. J. Kinyoun read an able and interesting paper on Diphtheria and its Treatment by Antitoxine. The discussion was opened by Dr. Walter Reed of the Army Medical Museum. Dr. Kinyoun has just returned from Europe, where he has made a special study of the antitoxine treatment.

Dr. Lamb of the Army Medical Museum presented a case and specimen of appendicitis.

The new hospital, the gift of Mr. William J. Sibley, and called the Sibley Memorial Hospital, is nearly ready for patients. The medical staff is as follows: Attending physicians, Drs. H. B. Deale, D. Olin Leech, Frank Leech, G. C. Ober, D. B. Street, J. L. Suddarth, J. T. Winter and W. C. Woodward. Attending surgeons, Drs. E. A. Balloch, H. H. Barker, C. W. Brown, I. S. Stone, J. Van Rensselaer, J. R. Wellington. Surgeon to the Eye and Ear Department, Dr. C. R. Dufour. The consulting physicians are Drs. W. W. Johnston, J. Ford Thompson, Z. S. Sowers, S. S. Adams. Dr. S. S. Adams is President of the hospital and Dr. Frank Leech is Secretary. It is the intention of the officers to have a resident physician, matron and nurses.

The Health Department reports a slight improvement over last week. There were only three deaths from diphtheria and there was marked falling off in the mortality from typhoid fever and lung diseases.

The contract for removing garbage has been completed. About four hundred tons of refuse were hauled away in three days.

New cases of smallpox are being constantly reported and as a number of people have not been vaccinated and others imperfectly so, the Health Department has appointed eighteen additional physicians, whose business it will be to go through the alleys and courts and to vaccinate free of charge and to compel these people to be vaccinated in accordance with the law.

The medical bill was discussed before the Commissioners by a number of physicians, all the different societies being represented, but nothing definite has been determined on.

The Contagious Hospital seems to be at a standstill. As soon as a site is suggested, every person in that vicinity at once comes forward with a protest and even those not living there, but owning a few feet of ground in that neighborhood, raise the greatest objections. It seems almost a pity that the Commissioners do not choose a place and erect a hospital for contagious diseases regardless of protests, as the need for one is apparent to all.

PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending January 14, 1895.

The leave of absence for seven days granted Captain Reuben L. Robertson, Assistant Surgeon, is extended twenty-one days.

Ordinary leave of absence for one month and fourteen days in addition to the extension of leave of absence on surgeon's certificate of disability, granted him, is granted Captain Adrian S. Polhemus, Assistant Surgeon.

The leave of absence granted First Lieutenant Charles Lynch, Assistant Surgeon, is extended one month.

First Lieutenant George D. De Shon, Assistant Surgeon, will proceed from Fort Logan, Colorado, to Fort Douglas, Utah, and report for temporary duty.

UNITED STATES NAVY.

Week Ending January 12, 1895.

Assistant Surgeon Ammen Farenholt detached from the United States Receiving Ship "Vermont" and to Naval Hospital, Norfolk, Va.

Assistant Surgeon C. P. Kindleberger detached from Naval Laboratory and Department of Instruction and to the United States Receiving Ship "Vermont."

Medical Inspector George H. Cooke, in addition to present duties, will attend officers on duty at League Island Navy Yard, but residing outside of the Yard.

BOOK REVIEWS.

INTERNATIONAL CLINICS: A Quarterly Journal of Clinical Lectures. Edited by Judson Daland, M. D., J. Mitchell Bruce, M. D., F. R. C. P., London, and David W. Finlay, M. D., F. R. C. P., Aberdeen. Volume III. Fourth Series, 1894. Philadelphia: J. B. Lippincott Company. 1894.

There is a great variety in the clinical lectures in this volume. Some are very short and practical and others are so evidently padded that they are beyond the limits of anyone's patience. The original idea was to take the lectures fresh and full of interest as they were delivered in the amphitheater or in the wards, but in time each contributor desired to revise what he said, until now many of these international clinical lectures are pre-

pared at the desk. These have lost but little in this mode of preparation, but the temptation to put in historical references and pad is in some cases noticeable. In spite of these objections, these lectures will be of great service even to the city physician, who in despair may find in these very volumes what he has searched for in vain in his reference works. The editors have taken great pains to put a pleasing variety before their readers and almost everyone in all the specialties will be able to find what suits him best in this collection. The press work of the set is all that could be desired and the illustrations are very liberally distributed.

REPRINTS, ETC., RECEIVED.

Report on Typhoid Fever in the District of Columbia, Submitted by the Medical Society of the District of Columbia to the Committee on the District of Columbia of the United States House of Representatives. 1894.

The Procedings of the Fourth Annual Meeting of the Association of Military Surgeons of the United States. Held at Washington, D. C., on May 1, 2 and 3, 1894. St. Louis: Buxton & Skinner Stationery Co. 1894.

ANNOUNCEMENTS.

E. B. Treat of New York announces an early publication of the International Medical Annual for 1895.

Messrs. P. Blakiston, Son & Co. of Philadelphia have in press "The Dynamics of Life," by William R. Gowers, M. D., London.

The F. A. Davis Co. of Philadelphia will issue, in February, a companion book to Dr. R. von Krafft-Ebing's famous treatise, "Psychopathia Sexualis," entitled "Suggestive Therapeutics in Psychopathia Sexualis," by Dr. A. Schrenck-Notzing of Munich.

Messrs. Wm. Wood & Co. of New York make the extraordinary announcement that they will begin at once the publication of the "Twentieth Century Practice," which will be an international encyclopedia of modern medical science by leading authorities of Europe and America. It will consist of twenty volumes of over seven hundred pages each. Dr. Thomas L. Stedman is the editor and such men as Dujardin-Beaumetz, Brouardel, Councilman, Delafield, Ewald, Gamaleia, Hare, Jacobi, Jaksch, Kaposi, Kerr, Loeffler, Lombroso, Shrady, Welch and many others will contribute.

CURRENT EDITORIAL COMMENT.

OPTICIANS.

The Refractionist.

In recent years there has sprung up a class of people consisting of jewelers, watchmakers, and jacks-of-all-trades, who try to claim for themselves this dignified title and deceive people not only in reference to their knowledge of a straight optician business, but even go so far as to palm off on the public their pretended knowledge of things that pertain to the realm of legitimate ophthalmology.

BOOK REVIEWING.

The Journal of the American Medical Association.

When the publisher of the journal is also the publisher of a competing book, and by some invisible method makes the editor speak according to the dictates of mercantile rivalry, we then have the abuse of which we complain. Far worse, however, than misrepresentation of a book and manifest hypocrisy, is to ignore it altogether. Not to review the competing book of a rival firm is worse than to review it through the counting-house spectacles.

TEACH MEDICAL HISTORY.

Philadelphia Polyclinic.

The history of medicine, its development, its errors, its trials, its triumphs, should be systematically taught by competent instructors at all our colleges. The chair of the History of Medicine should be one of the most important, and by the respect paid to it, the value of its teachings should be emphasized. At this writing we can recall but three American colleges in which lectures on medical history are given, and none in which historical teaching is invested with the dignity and importance that it merits.

ANTIVIVISECTIONISTS PROTEST.

Medical Record.

The pictorial organ of the humors of antivivisection in this town is so far discreetly silent. But England has spoken in the person of Lord Coleridge. He has appeared at the head of a deputation protesting against the appropriation of money by the city for the purpose of manufacturing antitoxine. His argument is that it is a misuse of the taxpayers' money; but behind it all is the profound philosophical feeling that it is wicked to prick a few horses in order to reduce the mortality from diphtheria among human beings fifty per cent.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXII.—No. 15. BALTIMORE, JANUARY 26, 1895. Whole No. 722

ORIGINAL ARTICLES.

ANTISEPTIC OBSTETRICS.

Read Before the Gynecological and Obstetrical Society, January 8, 1895.

By James M. Craighill, M. D.,

Baltimore.

It is in the memory of all of us, before so much was known about the prevention of sepsis, that many a home was made desolate by the death of the wife and mother, shortly after child-birth, by what is known as puerperal fever, which is nothing more than septicemia or blood poisoning usually caused by septic matter being introduced into the organism of the woman from without, either by the physician, her attendant, or bad sanitary surroundings. Auto-infection can and does take place, but not nearly so often as from the first-mentioned causes.

When we remember the numbers of women that were thus brought to an early grave, it should be a cause for thankfulness that we are practicing medicine in a day when all this has been changed, due to putting the patient, her surroundings, ourselves and her nurse in as surgically clean a condition as possible.

Statistics of the last few years seem to prove that women delivered in well regulated hospitals for that purpose are safer than when delivered in their homes, especially among the lower classes, where they often have to depend on some neighbor to assist the physician, provided they have one; or, as is more often the case, an old midwife will be in attendance, who knows nothing about the ordinary surgical cleanliness necessary at accouchments, sometimes, in fact, coming from another woman suffering with puerperal fever, examining the prospective mother without even washing her hands, and doing many other things which make it wonderful to the medical mind of the present day that the mortality among this class is not very much greater than it is.

These people seldom send for a physician until some complication arises and the old midwife has expended her obstetrical knowledge, with perhaps a supply of septic germs, and exhausted her bottle of ergot on the patient, and possibly a goodly supply of stimulants on herself.

Undoubtedly these cases would be better off in a hospital, even when they may have been wise enough to call in a physician, who does the best he can to have his patient placed in a cleanly state.

The recent movement by the larger hospitals in establishing outdoor clinics should be the means of saving many valuable lives, in not only taking care of those patients who fall into their hands, but also serving as an object lesson to those that may become mothers afterwards.

These remarks lead up to the question as to when a physician is in proper aseptic condition to attend labor cases, and what should be done by him in such

attendance for the safety of his patient. It is the general practitioner's lot often to be called to labor cases when he is in doubt whether it is safe for the prospective mother to have him attend her. Perhaps he may be in a septic condition, due to a case of some disease which demands his attention, where experience has proved it dangerous for him to attend her and it at the same time.

Septicemia, erysipelas and diphtheria are diseases most commonly in our midst which I think, even though the physician has taken all the precautions he can towards cleansing himself, should be interdicted. Scarlet fever, measles and a few other of the diseases so common among children it is thought should not be considered a bar to doing obstetrical work, provided the attendant makes himself as thoroughly clean from a surgical standpoint as is possible. Admitting we are in that state of cleanliness when we go to our patient, we then have many other sources of danger to contend with, even among the best classes.

Sometimes the physician is consulted as to what nurse to get in confinement cases, but usually when he goes to the house he finds an old woman, who knows little or nothing about cleanliness from a surgical standpoint, who probably has made a digital examination of the patient before the doctor arrives, and has an old bath sponge in readiness to wash her with at the first favorable opportunity after the advent of the infant.

It was my lot to be called to attend a lady not very long ago, and on entering the room I was told confidentially by the nurse that the child was not coming head first. On making an examination I found a breech presenting and succeeded in delivering a fine boy. In 24 hours my patient had a slight fever, with a rather bad smelling lochia, abdominal tenderness, and was not relieved by the ordinary carbolized vaginal douche.

On the third or fourth day she was taken with a severe chill and I found her with a temperature of $104\frac{1}{2}°$. I at once introduced a speculum, scraped her womb out, and then irrigated with a 1 to 5000 bichloride solution. Later in the day I was much gratified to find her temperature dropping and next morning down to 99°.

She had no further trouble, and was given iron, quinine and strychnia in tonic doses. It is not thought this chill was due to malarial causes, because she was not given enough quinine to prevent another chill coming on 24 or 48 hours after the first, and also because the discharges became normal and tenderness in the abdomen soon disappeared.

As I was sure, as far as one could be certain, of being in an aseptic condition, I could but attribute the cause of the trouble to the old nurse, whom I found out later to be not very neat in her habits. With a competent trained nurse, all this danger to this lady would have been avoided.

My experience in this case has taught me to warn my patients not to allow examinations before my arrival.

My rule in attending these cases, if time will permit, is to have no clothing about my person that has been near any source of infection; on entering the room, after cleansing my finger nails, to call for two basins, one to be used for washing my arms from the elbows down with soap and water as hot as I can bear; then to give my hands especially a prolonged soak in a 1 to 1000 hot solution of bichloride in the other basin. I keep these basins within easy reach during the labor and where I am sure my patient is free from venereal disease usually examine with my hand wet with the bichloride solution, instead of using some form of grease.

It is my habit to try and have everything in contact with the patient as aseptic as can be and after regulating these things, including the nurse as far as possible, I feel that my duty has been done in this respect.

Vaginal examinations are only made when it is thought absolutely necessary, and my treatment is to let nature alone, as long as the labor is progressing normally. In cleansing the external genitals, before and after labor, the nurse is instructed to do so with wads of absorb-

ent cotton dipped in either carbolized water or a hot solution of bichloride. I do not believe in the vaginal douche before labor, unless there is some good reason for it.

In normal labors, unless there is fever, or other symptoms calling for the use of the syringe, I omit it. After forceps, breech presentations, or where the hand has been introduced into the uterus, it should be a routine treatment; followed, if the symptoms call for it, by the curette and the uterine douche. After delivery of a macerated fetus, one or two uterine douches should be given, the first not more than a few hours after delivery, and at once if practicable.

It is my rule to try to have a new syringe for obstetric cases, and before use to have it put in boiling water, and the water injected through the syringe, and hot water thrown through it always before use. Where there has been a tear of the soft parts requiring sutures, I personally give the douche myself once or twice daily, and continue this treatment until the stitches are removed, unless the nurse is a very reliable woman.

The water is also drawn for the first few days, after carefully cleansing the vulva, to insure the urine not getting into the wound, avoiding thus another possible source of infection, and also allowing the wound to heal.

It is thought to be good practice by me to give ergot after the uterus has been emptied, notwithstanding some physicians think otherwise. In my opinion the patient is safer both in regard to hemorrhage and by the firm contractions brought on by its use; blood clots and other contents therein come away, which otherwise might prove a source of danger.

One of my first directions to the nurse after the baby is separated from the mother is to wash its eyes, and it seldom happens that I have to resort to astringent eye-washes to prevent ophthalmia neonatorum.

My apology for bringing this paper before this society is that it is hoped it may create a discussion of this important subject, which will show the mean between too much and too little attention to our patients from an antiseptic standpoint.

CALOMEL FUMIGATION IN LARYNGEAL DIPHTHERIA AND MEMBRANOUS CROUP; TREATMENT BY MERCURY.

By B. M. Cromwell,
Eckhart Mines, Md.

WITHIN the year past there have come under my care eight cases of diphtheria attacking the larynx and of membranous croup. One only of these cases I diagnosed certainly as membranous croup; all the others had the characteristic diphtheritic deposit on the tonsils or on the pharynx, although in some of them the deposit was so slight, and the rational symptoms of croup so marked, as to cause me to doubt the propriety of calling them diphtheria. The visible deposit, however, decided the classification.

The first five of these cases died; the three last, among which was the case of croup, recovered; and it is of their recovery under a new (to me) plan of treatment to which I desire to call the attention of your readers.

These cases came to me in the course of an epidemic of diphtheria in which I treated probably a hundred cases or more, of varying degrees of intensity, ranging from such as showed only a slight deposit on the tonsils, and which were relieved by one or two local applications and a dose of calomel and rhubarb, to cases of such intensity as to seriously threaten the life of the patient. Except the cases where the disease invaded the larynx as related above, I lost none.

Besides the eight cases referred to above, I saw two others where the disease invaded the larynx, in the practice

of other physicians. In these two cases intubation was practiced; one of the patients surviving the operation eleven days, the other died on the day following while the tube was being replaced.

These two, with the five cases that I lost, making seven that died in rapid succession, caused, as may be imagined, the most disheartening realization of our powerlessness in the presence of this dreadful disease when the larynx becomes the seat of its attack. To see the little patient struggling for breath as though an ever tightening cord was around its throat; to realize that there is no time for internal medication to do any good, and that from the location of the trouble it is impossible to get at it; I know of no condition more trying to a physician in a profession made up of trials and sad sights.

On taking charge of my sixth case (diphtheria of the larynx), I sought the aid of my friend Dr. A. B. Price of Frostburg, telling him candidly that I sent for him more for the purpose of sharing the responsibility involved, than with any hope of effecting any good, for the case was typical, and the urgency of the symptoms showed the end to be not far off. He said he had, in one or two such cases, used calomel fumigations, and that he was disposed to think well of the remedy; that in any event it could not prove less efficacious than the usual remedies prescribed in such cases.

I assented gladly to his proposal to try the treatment in this case, the more so as I had for some time past been treating all of my diphtheria cases where I could reach the seat of disease, by applying a two per cent. solution of bichloride of mercury with a camel's hair brush, and by the free use of calomel internally. I saw in his suggestion a means of applying locally the remedy to a part I could not reach in any other way. I wonder why I had not thought of it before.

The usual steam atomizer was used. In the brass cup were placed about six to eight grains of calomel, under this a spirit lamp, and when the fumes began to rise they were conducted to the patient's mouth by means of a paper cone about eighteen inches or two feet long, the large end fitting over the cup, the small end being held to the patient's mouth. There is danger that the heat from the lamp will char or set fire to the paper, so to avoid this I attach the bottom of the funnel to a cylindrical piece of tin, which relieves the cone from the danger of this accident.

After some resistance and struggling the child took the inhalation of the fumes kindly, which he was allowed to breathe in until the calomel had become exhausted, when he was allowed to rest. The inhalations were repeated every two, three, four and six hours, according to the urgency of the symptoms, and two grains of calomel were given internally every four hours until the disease yielded.

In this case there was a decided amelioration of all the symptoms after the second or third inhalation. The breathing became progressivly less difficult, until after six or eight inhalations it became perfectly free from all embarrassment, the tongue began to clear, the appetite to return, and, in short, convalescence set in.

But I found in this case that it will not do to stop the inhalations too soon, even after the breathing has became natural, until the cough loses its peculiar characteristic chicken-cough sound. (I do not know how else to describe it, but when once heard it cannot easily be forgotten or mistaken.) In this case the fumes were stopped too soon, and there was a return of the difficult beathing, attended with much prostration, but when the inhalations were resumed the breathing became easy and natural again, and the case progressed to a rapid recovery.

The inhalations in the above case were prematurely discontinued because of the occurrence of the second of the series of cases, of which I am writing, the apparatus for generating the fumes being needed here also. This, the second case, was a child two years old, and as I could find no trace of diphtheritic deposit in the throat, I considered it a case of membranous croup, but the treatment was the same as in the pre-

ceding calomel inhalations every two, four and six hours, according to the urgency of the symptoms, with two grain doses of calomel every four hours internally. The dyspnea became less urgent almost at once, and the case progressed to a favorable termination even more promptly than the first; but the fumes were kept up at lengthening intervals for a day or two after all danger seemed to be passed, and the calomel powders were continued until the tongue showed decided indications of cleaning off.

The history of the third case (diphtheria of the larynx) is substantially the same as the two first. But the child was frail and delicate, and I feared that she would not have stamina enough to stand the strain on her constitution. Her recovery was, however, complete and not protracted.

In addition to the treatment detailed above, the throats of the patients were repeatedly sprayed with a solution of the benzoate and the bi-borate of soda, by which the accumulation of thick tenacious mucus that accumulates in the fauces and which add so much to the distress of the patient were easily gotten rid of. Whether this benzoated spray is at all curative, or whether warm water would not answer as well, I cannot say, but benzoic acid is a powerful antiseptic, and it is probable that the spray charged with it accomplishes more than as a mere diluent.

The strength of the patients was watched with great solicitude, and milk and whisky, egg-nog and beef-tea were given, forcibly if necessary. I would always hold digitalis in reserve if I saw any indications of heart failure.

Nor can I be positive that the internal adminstration of calomel is requisite when the calomel fumes are used. I administer it at the same time because of my absolute faith in the efficacy of this drug in all forms of diphtheria, and in these cases, when the larynx is involved, we have no time for nice distinctions; the disease must be promptly subdued, or it will as certainly subdue the patient. Hence I do not feel at liberty to rely on the fumes alone, or to forgo any adjunct to them that experience teaches to be of service.

The amount of this drug borne even by an infant of a few months is remarkable, especially in these days of reaction against the use of this most powerful and far-reaching remedy. I have given it in doses of one and two grains at intervals of four and five hours for more than a week continuously to infants of three and four months old with spinal meningitis, not only with no evil effect, but have saved the cases by it. I administer it until I get its effects, regardless of the length of time or the amount given. When the tongue begins to clean at the tips and edges it is time to prolong the intervals, lessen the doses or stop the remedy altogether, for these indications are the danger signal, and its free use afterwards would be likely to induce salivation.

How mercury acts beneficially in diphtheria I do not certainly know. It may be by destroying the bacillus, or it may be by eliminating the toxines secreted by the bacillus, by arousing into activity the depurative functions of the glandular system. I am disposed to believe it is beneficial by stimulating the glandular apparatus to renewed activity, by that means flushing the sewers of the body, so to speak, and so getting rid of the poison that is destroying the organism. Or it may, and probably does, act in both capacities.

I have spoken above of my practice of painting diphtheritic deposits with a two per cent. solution of bichloride of mercury by means of a camel's hair brush. I do not know if this practice is pursued by others, but a large experience with it, with very favorable results, impresses me with a sense of its value. I always premise treatment with a brisk rhubarb and calomel cathartic, and if the case is threatening, I follow it up with broken doses of calomel as stated, until the disease is brought under control.

While on the subject of the treatment of diphtheria, it may be well to refer to another agent that I believe to be directly curative in this disease. I refer to sulphurous acid.

For several years I used it exclusively, giving from a half to one teaspoonful of the acid in glycerine and water every four or five hours. I have seen the deposits melt down under its influence in a most surprising manner. I was led, however, to abandon its use and to take up the mercurial treatment, because of the great difficulty of administering it, especially to children; the fumes got into the nose and windpipe, causing very painful results; indeed, so greatly do children dread a dose of it, and fight against it, that it requires all the nerve possessed by the physician and mother to administer it. Were it not for this difficulty I believe it to be the most speedily efficacious remedy we have in combating this dread disease.

I am conscious that it is unusual to bring before the profession a plan of treatment based on such meager results as are obtained by these successful cases; but, in justification, I call attention to the fact that the invasion of the larynx by diphtheria is an unusual manifestation of that disease, and should I wait to have my present experience reinforced by additional cases, the time might never, and I hope would never, come when I would feel justified in recording this experience.

Since writing the above there has come under my care another case of membranous croup, with symptoms unmistakable and diagnosis certain. It occurred in a child three years old that presented no indications of serious trouble except the occasional characteristic cough, and the loud, labored, distressful respiration. The highest temperature at any time indicated only 101.6°; rate of pulse not taken, but moderate. The child was placed at once upon the treatment indicated above — calomel fumigations every two, four and six hours, and one grain of calomel every four hours. The benzoic spray to the throat was also used. In twenty-four hours there was a marked decline of all the urgent symptoms, and on the fourth day the case was dismissed thoroughly convalescent.

There also came to me at the same time a very grave case of diphtheria in an adult, in which, however, the larynx was not involved. The exudation covered both tonsils and the uvula, and extended as far back in the pharynx as could be seen. The posterior nares were also involved, and I have reason to believe one Eustachian tube also.

The treatment was that given above — two per cent. bichloride paintings to the parts accessible, once or twice a day until the deposit disappeared, and the internal administration of small doses of calomel every four hours until the secretions showed indications of renewed activity. The case was thoroughly convalescent on the tenth day from seizure.

Reverting to my statement about the importance of mercury in some form as a means of stimulating the glandular system, and by that means of eliminating septic influences from the economy, leads me to further remark that, from my observation of the practice of others, physicians generally do not appreciate the importance of this drug in this direction, and that they do not derive that aid which a freer use of it would afford them. This is doubtless due to the crusade so strenuously preached against mercury in all its forms by the present generation of medical men in certain sections of the country, and to the prejudice against its use engendered in the popular mind by the terrible abuse of the drug by physicians of a generation ago.

It has been abused certainly, and may easily be abused again, but this offers no valid reason why an agent so powerful for good and so far-reaching in its curative power should be relegated to practical disuse—especially as no drug approaching it in value when used in its proper sphere has been found to take its place. That mercury is the best, if not the only, reliable stimulant to the excretory and secretory organs admits of no controversy, and that the excreting organs, the liver, kidneys, skin and alimentary canals are the great eliminating organs of the body through which waste products are carried off, the sewers, in short, is equally certain.

But these emunctories must be kept active, the sewers must be kept flushed or poison will accumulate and disease

will ensue. It is not the amount or the quality of the filth that is generated in a city that affects its sanitation unfavorably, so long as it is not allowed to accumulate and poison the air. The health of a city depends largely, if not exclusively, upon the efficacy of its sewerage system; so long as these (the sewers) are kept actively operative all is well; it is only when they become choked up, when they cease to perform their functions, or perform it inadequately, that evil consequences follow.

Now what is true of the body municipal is equally true of the body human, except that in the latter case the sewerage is perfectly constructed, but its management is entrusted to unskilled and incompetent hands, to intellects incapable of fully appreciating its wonderful beauty and simplicity. What an abundant supply of water is to the sewerage of the city, mercury is to that of the body, and a proper appreciation of this fact simplifies treatment wonderfully.

DESTRUCTION OF THE INTEGUMENT CURED BY TRANSPLANTING LARGE FLAPS.

By William B. Hopkins, M. D.,
Philadelphia.

John J., aged thirty-two, was admitted to the Episcopal Hospital, November 9, 1888, with an extensive laceration of the elbow, involving skin, superficial and deep fasciæ. The injury was caused by a centrifugal dryer in a sugar refinery. A month later, December 7, an ulcer occupying the entire circumference of the elbow, consequent upon the original loss and subsequent sloughing of integument, remained. It extended from the middle of the forearm to the middle of the arm, or about ninety-six square inches in area. The following operation was then performed: A vertical flap five inches wide and nine inches long, consisting of skin and fascia, the base of which occupied the upper left pectoral region, and the edges of which were nearly parallel, was lifted from the chest and sutured around the elbow, the limb being retained in the Velpeau position. Approximation of the enormous chest wound, though not complete, was materially facilitated by the emaciation following so severe an injury, and consequent relaxation of the integument of the chest. At the end of four days the flap was severed from its basic attachment to the chest, and the arm was released from its constrained position. There was epidermal sloughing of the flap, after its severance, which caused considerable anxiety, but its deeper layers were soon found to have formed a firm attachment. The patient remained in the hospital 279 days. The limb will be seen to have perfectly healed, to be amply covered with a soft, pliable integument permitting complete flexion and extension, pronation and supination, indeed, but that it is not quite so strong as the right arm, to have its functions entirely restored.

Case II.—Anton D., thirty-three years of age, a fireman, was brought to the Episcopal Hospital, October 25, 1892, with a railroad injury of his left foot. The extremity was so caught beneath the wheel that it had been completely flayed, but as none of the integument was lost it was brought together by sutures. Sloughing, however, occurred of the entire skin of the foot and ankle. December 4, a flap two inches wide was dissected from the sound limb, from the lower portion of the thigh to the lower third of the leg, a distance of fourteen inches, its base being left attached at the lower part. Carrying the lower portion along the outer side of the foot from before backward, the flap was reflected upon itself around the heel, and its remaining portion carried forward on the inner side of the foot to the toes. It was retained in this position by sutures carried deeply enough through granulation tissue to take a firm hold, and through the reflected lower borders of the flap occupying the

sole of the foot. With a Y-shaped splint ingeniously devised by Dr. Ferguson, which kept the injured foot in a state of absolute fixation to the calf of the leg on the sound side, the patient, with remarkable fortitude, kept his limbs in this constrained position for over three weeks (twenty-two days), when the base of the flap was detached, the latter having become firmly adherent to the foot. Advantage was taken of this opportunity to gain a litle more integument by dissecting the flap further down the leg instead of cutting it off level at the root. The patient remained in the hospital 657 days, at the end of which period he walked without a cane and with a foot whose function was sufficiently restored to enable him to resume his laborious occupation of fireman on a vessel. The foot will be seen to be a very useful one, its plantar aspect being covered entirely by leg skin, as shown by the growth of hair upon it.

It will be observed in both of these cases that there is a singular freedom from the constriction of a tightly-drawn peripheral cicatrix, edema, impairment of function and other evidences of impeded return circulation. This factor alone places this method of closing large circumferential ulcers far in advance of the method by skin-grafting. Though the method of Thiersch and others, of allowing the flaps before severance at one or both extremities to become granulated, would have been applicable to the case operated upon six years ago, it is very doubtful if so long a flap as that transplanted in the other case would retain its vitality throughout its length, even if left attached at both ends.

Internal Urethrotomy and Forcible Dilatation.—Cantalupo (*British Medical Journal*) advocates internal urethrotomy in hard strictures where a dilator cannot be introduced, or, if introduced, cannot be opened (in which case he uses Maisonneuve's urethrotome). The wound in internal urethrotomy is much less extensive than in forcible dilatation, and the dilatability of the stricture is much greater after urethrotomy than after divulsion. The chief dangers are: (1) Hemorrhage; this may be avoided by using small-bladed instruments—for example, Bottini's. (2) Extravasation of urine; best avoided by retaining a catheter of less calibre than the divided stricture, and using some drainage tube as a siphon. (3) Pyemia may be excluded by antiseptic measures. (4) Fever, generally due to local retention of pus. Cantalupo finds a fresh indication for internal urethrotomy in cases of chronic gleet with stricture, where, after dilating the stricture up to a certain point, it still cannot be dilated up to the calibre of the sound part of the urethra.

* * *

Absorptive Power of the Vagina. — Coen and Levi (*British Medical Journal*) have recently made some observations on the absorptive power of the vagina under various conditions of health and disease. Iodide of potassium is easily absorbed. If a tampon soaked with a 20 per cent. solution be introduced inio the vagina, iodine can be found in the urine in an hour. The excretion reaches its maximum in twenty hours and ceases in forty-eight hours. Fever and pregnancy increase the absorption. Hysterectomy makes no difference. Iodoform is absorbed slowly and in very small quantities, but more if fresh than if old. Salicylic acid is absorbed quickly, appearing in the urine in one hour and disappearing in twenty-four hours. Salol is very readily absorbed. Antipyrine is excreted in an hour and a-half and is found for forty-eight hours, but its antipyretic action is feeble as compared with administration by the stomach. In brief, the vagina has undoubted absorptive power, and this is increased in pregnancy, in the puerperal state, and in pyrexia.

* * *

Chloroform and the Kidneys.—In ordinary cases the administration of chloroform has no effect on the kidneys, but when renal affections exist, the urine should be carefully examined for a day or two after chloroform has been given.

SOCIETY REPORTS.

BALTIMORE NEUROLOGICAL SOCIETY.

MEETING HELD JANUARY 9, 1895.

The ninth monthly meeting of the Baltimore Neurological Society was held January 9, 1895, in the Faculty room of the College of Physicians and Surgeons, Dr. R. F. Gundry in the chair. Those present were Drs. Smart, Wade, Preston, Hill, Hurd, Gundry, Rohé, Morris, Brush, Fort and Ruhrah of the hospital staff.

Dr. Preston showed a case of Hysterical Anesthesia, a man aged 30; he had a fairly good family history; subject to obscure attacks, probably petit mal. He entered the City Hospital the day after Christmas, 1894, suffering from the effects of injuries received in a fight; on the 28th, a small patch of anesthesia about the size of a dollar developed on the right side of his head and at the present time his entire tactile sense is lost, as also heat and cold sense, taste and smell; visual field restricted. There were tender spots in his abdomen, producing upon pressure similar symptoms to hysterical ovaries in women. No special symptoms or history other than those given above; reflexes normal. The case was of interest from the extreme anesthetic condition and the fact of its existing in a man.

Dr. Rohé, as leader of the general discussion, read a paper upon Katatonia, and described a case now under his care.

In the discussion following—

Dr. Hurd thought that the necessity of accurate description of nervous diseases was of great importance, but objects to the term katatonia as synonymous with an actual condition separate and apart from other mental diseases. He thought katatonia symptoms was a happy term.

Dr. Brush thought that such cases as the one described might very well be classified among other mental disturbances, rather than as an actual and well-defined condition.

Dr. Hill thought katatonia resembled circular insanity and while he had seen several cases similar to the one mentioned by Dr. Rohé, he was inclined to think that Kohlbaum had not made out his cases as clearly as might have been to establish a separate disease.

Dr. Rohé said in conclusion that while there was much to be said against making certain symptoms a disease, the rarity, the well-defined train of symptoms of katatonia seemed to mark it as a type that could not well be mistaken.

Adjournment.

Samuel J. Fort, M. D.,
Secretary.

Note. — The next meeting will be held at the Baltimore Medical College, Februrary 13. Dr. John Morris, chairman. Subject for general discussion, "Acute Confusional Insanity," Dr. H. M. Hurd, leader.

CORRESPONDENCE.

THE STATE FACULTY AND THE LIBRARY.

Editor Maryland Medical Journal.

Dear Sir:—Your editorial in the Journal last week on "The State Faculty and the Library" is very timely, and should command the attention of every member of the profession in this city and State. It goes almost without saying, that any body of medical men that is progressive must have access to and must use the literature pertaining to their profession. In regard to our library, it may be said that while deficient in many respects, it is an exceedingly valuable collection of books. There is a large number of old books, many of them rare, that have been donated to the library from time to time. These books are very useful for reference, and are indispensable to any one writing papers upon general medical subjects. In addition to the old books we have a small, though carefully selected, library of recent works. The Library Committee for some years past have endeavored to buy such books as would not naturally find their way to private libraries: Systems of Medicine, Surgery, Obstetrics, Medical Dictionaries and Encyclopedias and the like.

In addition to the books, and perhaps more valuable, are the journals.

There are in the library sets, more or less complete, of all the important journals published in this country, together with the most desirable English, French and German periodicals. All the most important special journals are to be found in the library, and also reports from societies in this country and abroad. Counting the bound periodicals, there are between seven and eight thousand volumes. The objections to the building in which these books are stored are many and serious, as you have noted in your editorial. In the first place it is inaccessible; in the second place it is badly lighted, certainly a vital defect in a library. Again, it is so damp that the books in certain shelves are moulding: it apparently cannot be properly heated, and is unattractive in every way.

From these facts it is hardly to be wondered at that the profession does not make use of the library. Last year less than forty members took out books. With over 600 doctors in Baltimore this is a humiliating confession. Medical men cannot afford to go without reading, nor can they afford to buy the books and journals that they ought to see. The profession in this city is certainly not far behind that of other cities of its size, and they would use the library if it were suitably located and comfortably fitted up. They are not likely to go to an out-of-the-way place into a damp, cold, unattractive room, which is open only from 12 to 6, the very hours in which a doctor is busiest.

What is the solution of the question? It is imperative that we move to some suitable location. A house should be bought and fitted up for the library and reading room, and in addition there should be a conversation room where members of the profession could meet. This semi-club feature would be very popular. The library should be kept open in the evening, the very time, the only time, in fact, when busy doctors have any leisure to read. This would obviate the necessity of taking two or three journals, as most men do. This common meeting ground would bring the profession more together, would stimulate it to concerted action, would afford an opportunity for interchange of ideas. It is almost certain that this plan would infuse new life into our somewhat lethargic medical societies. Sections could be organized somewhat after the plan of the Academy of New York, or the College of Physicians of Philadelphia. The advantages that would accrue from this change are so many and so obvious that nothing more need be said.

Now as to the ways and means. The plan that I will propose is the outcome of suggestions made to me by many members of the profession during the past few years. It is in brief this: A suitable building can be bought for about $10,000, or perhaps bought and fitted up for that amount. Two houses have been looked at, one for the sum mentioned, the other for a thousand dollars less.

Let us get one hundred men who are willing to give $100 in, say, four yearly instalments of $25. Let this body meet and elect a self-perpetuating board of directors in whom the title of property will vest. The amount of rental to be paid by the Faculty to be determined upon by the directors. This simple plan is enough to start with. The details, such as the amount of annual dues, the librarian's duties and salary, the hours of opening and closing, etc., can be determined upon afterwards. It may seem best to let this subscription represent a life membership, or to maintain a stock company. These are matters of detail. What we want are the men who are willing to do this for their profession, or, one might say, for themselves. It is not a charity, as you have well stated in your editorial; it is something that will benefit every doctor who is at all interested in the progress of medicine.

In a recent letter from the Surgeon-General's Library at Washington, the Library Committee of the Faculty was informed that journals would no longer be lent to us. This makes it still more imperative that our very full list of periodicals should be placed in a suitable building. To give this proposition

a concrete form I would propose that the JOURNAL open a subscription book, and urge the members of the profession to contribute to this most important object. Very truly,

GEORGE J. PRESTON, M. D.

CLIMATE AND HEALTH.

U. S. DEPARTMENT OF AGRICULTURE,
WEATHER BUREAU.

Editor MARYLAND MEDICAL JOURNAL.

Dear Sir:—The interest manifested by every class of people in the subject of climate and its influence on health and disease has determined the Honorable the Secretary of Agriculture, through the medium of the Weather Bureau, to undertake the systematic investigation of the subject.

It is hoped to make the proposed investigation of interest and value to all, but especially to the medical and sanitary professions, and to the large number of persons who seek, by visitation of health resorts and change of climate, either to restore health or prolong lives incurably affected, or to ward off threatened disease.

The study of the climates of the country in connection with the indigenous diseases should be of material service to every community in showing to what degree local climatic peculiarities may favor or combat the development of the different diseases, and by suggesting, in many instances, supplementary sanitary precautions; also by indicating to what parts of the country invalids and health seekers may be sent to find climatic surroundings best adapted to the alleviation or cure of their particular cases.

The hearty co-operation of the various boards of health, public sanitary authorities, sanitary associations and societies, and of physicians who may feel an interest in the work, is asked to achieve and perfect the aims of this investigation.

No compensation can be offered for this co-operation other than to send, free of cost, the publications of the Bureau bearing upon climatology and its relation to health and disease to all those who assist in the work.

Co-operation will consist in sending to this office reports of vital statistics from the various localites. That these reports may be of value, it is evident to all that they should be accurate and complete, and be rendered promptly and regularly. Blank forms of reports have been prepared so as to occasion as little trouble and labor as possible on the part of the reporter, and will be furnished by the Bureau on application.

At the very beginning of the investigation it is not possible to outline precisely the channels through which the results obtained will be made public, but it is hoped to publish soon a periodical devoted to climatology and its relations to health and disease. The publication will probably resemble in size and general appearance the present Monthly Weather Review, the subject matter being, of course, different.

More detailed information will be furnished on application.

MARK W. HARRINGTON,
Chief of Bureau.

Washington, D. C., January 2, 1895.

MEDICAL PROGRESS.

TRIONAL AS A HYPNOTIC.—The treatment of insomnia is beset with many difficulties. Dr. Vogt of Paris has used trional in several cases of insomnia of neurasthenic origin with excellent results. He found it acted promptly and harmlessly and in his hands gave better results than sulfonal. Müller of Gratz gave with trional large doses of the bicarbonate of soda to counteract the acid effects of the drug on the urine. Trional is more soluble than sulfonal and consequently acts more promptly, the hypnotic effect in cases where there is no actual pain being produced in twenty minutes and lasting from six to nine hours with normal waking and with refreshed feeling. Trional does not agree with every patient alike and seems to suit better those who fall asleep with difficulty than those who fall asleep readily but are easily aroused. This distinction is not in the least scientific, but the mechanism of these two forms of in-

somnia, which do not frequently occur in the same subject, seems very different, and it is not surprising that trional is especially adapted to one of these two classes of patients.

Sulfonal is now generally administered in a hot infusion; the hypnotic effects are then more marked. In prescribing trional it is proper to adopt the same procedure. The powder should be dissolved in a cup of beef-tea, gruel or milk as warm as possible. Its solution is sometimes incomplete, but the particles of trional which float in the liquid always constitute but a minute portion of the dose employed.

The following conclusions are based upon facts which deal especially with the manner of administration of this remedy:

1. Trional is preferable to its congener, sulfonal; it acts more promptly and produces a calm sleep, from which the patient wakes refreshed.

2. Single doses taken on retiring vary from fifteen to twenty-five grains, dissolved in a fluid as hot as possible. If the remedy when taken for two successive nights should produce only a slight effect, its use should not be continued.

3. The remedy should be suspended in all cases at the end of five or six days. When given in this manner no toxic effects need be feared. This period of time is usually sufficient to relieve the patient of his insomnia.

4. It is always well to reduce the acidity of the urine in the course of treatment, as the serious disturbances resulting from destruction of the hematine only occur when the urine is strongly acid and they can be effectively combated by the influence of alkalies.

5. The constipation which sometimes follows the administration of trional should not be neglected in order to prevent accumulation from faulty elimination.

* * *

The Antitoxine Treatment of Diphtheria.—Hager (*British Medical Journal*) has treated 25 cases of diphtheria with antitoxine with only 1 death. The death occurred in an infant, aged 8 months, who was nearly moribund within twenty-four hours of the onset of the disease. Of the remaining 24 cases, 8 were mild, 6 of medium severity, and 10 severe or very severe; 250 immunity units were required in 1 case, 500 in 3, 600 in 6, 1000 in 7, 1200 in 3, and 2500 and more in 2. Recovery followed in such a way as to leave no doubt as to the favorable action of the remedy. In 3 cases in which the process had apparently extended into the bronchi, retraction was marked in 2 and only slight in 1. In 2 cases paralysis of the palate supervened, lasting fourteen and four days respectively. In another case paralysis of accommodation appeared after the child had gone to school. Only in exceptional cases was there albuminuria. No unpleasant consequences were noted, but an urticaria-like eruption appeared in 5 cases. Of 35 children inoculated against the disease, 2 fell ill with it, but the attack was abortive. A third subsequently developed diphtheria. The diphtheria bacillus was found in most of the cases by Ackerman. Moeller has treated 76 cases with the serum. Neither the very slight cases nor those which were moribund were injected. The mortality in his institution during the past five or six years has varied from 51 to 64 per cent., only once being 48. In the 76 above-named cases, 48 of which were tracheotomised, the mortality was 39.6 per cent. In 42 per cent. of the 76 cases albuminuria was present, and in 6 cases urticaria.

* * *

Nitrate of Silver in Gonorrhea.—Gonorrhea is such a common disease that there is little wonder that a large number of remedies and methods of treatment are suggested from time to time. Dr. J. C. Carrick has used nitrate of silver and in the *American Practitioner and News* he draws his conclusions as follows:

1. That nitrate of silver is not as dangerous in acute urethral inflammation as is generally supposed.

2. That by beginning with small doses and increasing daily a tolerance can be established (the same as in chronic cases).

3. That when the discharge becomes

very slight, it is better at times to decrease the strength of the nitrate of silver than to increase it.

4. That in cases of gonorrheal cystitis, which are usually acute, good results are obtained by instillation of this drug.

5. That in cases of chronic, deep urethral inflammation, especially those of a granular nature, deep urethral injections are the remedy.

6. Nitrate of silver, as an abortive, should not be used, as in doing this periurethral inflammation may be set up, which might cause considerable harm.

* * *

Cesarean Section Performed by Mistake.— The *New York Medical Journal*, in quoting from a French magazine, relates the case of the examination by a surgeon of a wet nurse suspected of being pregnant. He recognized pregnancy at the third month. A few months later he heard that his patient did not believe that she was pregnant, and that she had been admitted into a hospital, where an operation was performed. A live infant was discovered. On making inquiries, Loviot found that abdominal section had really been undertaken. The surgeon and also the obstetrician of the hospital gave evidence as to the patient's statement that in her capacity of wet nurse she had not menstruated, and could not be pregnant. Relying too readily on the patient's assertions, an operation was performed, with the result as above stated.

* * *

The Anemia of Pulmonary Tuberculosis. — Anemia in all forms is difficult to treat and especially the anemia of pulmonary tuberculosis where the toxines act on the blood or the blood-making organs. Karl von Ruck, not forgetting the work of Koch in tuberculin and the further purification of the remedy by Klebs, calls attention in the *New York Medical Journal* to the importance of the resisting power of the patient. In using his modified tuberculin treatment he found the best results in those cases where the general strength was still good and where the blood approached the normal standard in corpuscles and hemoglobin. He therefore turned his attention to the building up of the patient and for this reason used ferruginous remedies, but had so many failures that he was inclined to give them up until his attention was called to peptomangan, which had been used with such success in Germany. He found it so palatable that in two only of a very large number of patients was he obliged to abandon it. He found the patients showed an increased number of blood corpuscles and a distinct increase in the amount of hemoglobin.

* * *

Treatment of Spasmodic Torticollis.—In discussing the operative treatment of spasmodic torticollis, in the *American Journal of the Medical Sciences*, Drs. Maurice B. Richardson and George L. Walton of Boston draw the following conclusions:

1. Palliative treatment, whether by drugs, apparatus, or electricity, will rarely prove successful in well-established spasmodic torticollis.

2. Massage may prove of value in comparatively recent cases.

3. Resection affords practically the only rational remedy.

4. Operation on the spinal accessory nerve may afford relief, even if other muscles than the sterno-cleido-mastoid are affected; on the other hand, the affection previously limited to the sterno-cleido-mastoid may spread to other muscles in spite of this operation.

5. No fear of disabling paralysis need deter us from recommending operation, as the head can be held erect even after the most extensive resection.

6. The most common combination of spasm is that involving the sterno-mastoid on one side and the posterior rotators on the other, the head being held in the position of sterno-mastoid spasm with the addition of retraction through the greater power of the posterior rotators.

7. It seems advisable in most cases to give preference to the resection of the spinal accessory as the preliminary procedure.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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SEE PUBLISHERS' DEPARTMENT, PAGE 277.

BALTIMORE, JANUARY 26, 1895.

The State Society and the Library.

THE editorial last week on this subject has borne fruit already, and has been strengthened by the very timely, sensible and practical suggestions of our correspondent. No alms are asked, no charity, but the pride of the profession is appealed to.

That a cheerful library is a successful one is shown in the present Mercantile Library of Baltimore, which at one time lived a damp and mouldy existence in the present home of the State Society and needed only a move to its present cheerful and bright quarters to swell its membership and make it an attractive place. Objections are made that few of the physicians have time to go to libraries, but every one knows that if demand causes a supply most assuredly a demand can be created and a good library will attract readers and members, especially if it is a semi-club, as our correspondent suggests. This subject needs the active attention of all physicians who are not lost in the lethargy of selfish daily routine work.

The suggestion that the JOURNAL open a subscription list is a good one of its kind. A better plan, however, would be to let a committee selected for the purpose receive what money may be collected for this object, and let it be acknowledged in these columns.

Not many years ago a few physicians of this State responded to an appeal made in these columns for aid in money for the physicians who suffered in the Johnstown flood, and in a few days over two hundred dollars had been forwarded and was distributed among the profession of that ill-fated city. The profession is always ready to do its share in helping others; it gives freely services with no hope or desire for returns; now let it aid this project of a library and in all attempts in this direction let harmony abide, even if opinions differ.

* * *

Variola Antitoxine.

As the treatment of diphtheria by antitoxine seems to show such prospects of success, it is but natural that investigators should make similar attempts with other diseases and this Dr. J. J. Kinyoun has done in the several cases of smallpox in Washington, which he has reported in the *Abstract of Sanitary Reports*. His investigations were begun in New York about a year ago, but were not concluded on account of a lack of cases. In the recent outbreak of smallpox in Washington, opportunity was given him to renew these studies, with results, which, although not brilliant, may lead to something.

At the national vaccine farm he took a liter of blood from a heifer calf which had been previously vaccinated about a month before. At the time of the bleeding the local effects of the vaccination had disappeared. The blood was taken to the laboratory and about 350 c.c. were drawn off and some of this filtered serum was sent to Dr. Elliot of the smallpox hospital, with the request that he use it on fresh cases before the stage of pustulation. A dose of 15 c.c., repeated in eight or ten hours, was given and in two cases on which it was tried there was evidently a modifying effect on the disease, especially on the eruption, and in a fatal case it was believed that life was prolonged three days. If the pustular stage of the diseases can be modified with the result of having little or no pitting, it seems reasonable to assume that this plan of treatment would have still greater power

in the earlier stages and Dr. Kinyoun will pursue his studies further in this direction and report the results later.

* * *

Drug Habits.

A DRUG habit is usually easily acquired, and hard to get rid of. It is astonishing to what drugs the abnormal individual will take a fancy and how difficult it is to break the chains and set the prisoner free. A weak will is soon overcome.

A habit may be formed with almost any drug, but it is usually with those drugs which cause pleasant dreams, delightful sensations and are stimulating.

Dr. J. S. Davis of Alabama reports in the *American Medico-Surgical Bulletin* three cases of addiction to coal-tar derivatives. Two were with acetanilid and one was with phenacetine. In all cases the drug had been taken either on a physician's prescription or by the recommendation of a friend. In all these cases there were the usual signs of weak heart, anemia, indigestion, insomnia, constipation and neurasthenia, and in the withdrawal of these drugs there were pretty much the same effects as the withdrawal of narcotics in similar cases, *i. e.*, depression, insomnia, vomiting and diarrhea.

Strychnine hypodermatically, with morphine when necessary to relieve "nervousness," and chloral per rectum at night, gave the best results in the treatment.

* * *

Climate and Health.

ALTHOUGH a National Board of Health has not yet been created, still it is a great source of congratulation that the United States Department of Agriculture has decided to undertake a systematic investigation of the health and climate of this country through the medium of the Weather Bureau. The fact that persons, both lay and medical, have of late taken great interest in matters pertaining to public and personal health will give to this new venture a special interest.

The climate of such an extensive country as the United States is varied and hard to understand, and even by the profession the connection between climate and disease has been too little studied. In this investigation all interested are invited to co-operate and give their help, however insignificant it may seem to them.

The results of this investigation will be looked for with the greatest interest and the work will undoubtedly bear fruit in aiding physicians to select suitable places for certain diseases whose connection with climate has been too little understood.

* * *

New Drugs and Expense.

MATERIA MEDICA is a much more complicated study than it was a few years ago, and one reason is because enterprising drug firms and manufacturers are continually introducing preparations of undoubted value which gradually from their excellence find their way into general use, and yet which are not mentioned in standard works.

This, of course, makes it necessary for the practicing physician either to carry with him the names and formulae of the preparations which he wishes to use, or for those large drug firms which are deluging physicians with samples and literature to combine this literature and form it into a book which can be examined at leisure.

Another point very important is to know what the price cost of these new preparations is and if they are patented.

The average physician sees a new preparation mentioned and makes up his mind to try it but is balked at the first step by the extreme cost in amounts sufficient to make up an ordinary prescription. Many new preparations are discarded because their price seems extreme and greater than that of older preparations which have stood the test.

* * *

The Index Medicus.

IT is likely that the *Index Medicus* may go on for a while longer, at any rate. This is due to the generosity and liberality of the publisher. Some new subscribers have been received and societies have contributed to this cause. If this publication could swell its advertising pages with advertisements of good, reliable houses there would be still a firmer support to the valuable publication. The *Index Medicus* is much more expensive than most journals because experienced proof readers are needed to see that words, and especially proper names, are correctly spelled and it is a task which requires much copying and demands familiarity with medicine in several languages.

MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending January 19, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		25
Phthisis Pulmonalis		22
Measles	10	
Whooping-Cough	3	2
Pseudo-membranous Croup and Diphtheria	25	5
Mumps	1	
Scarlet fever	21	1
Varioloid		
Varicella	1	
Typhoid fever		1

The Pennsylvania Medical Examining Board will meet in Philadelphia, February 14.

There has been a great falling off in the packages of patent medicines sold in Great Britain.

Dr. Arsonval succeeds Dr. Brown-Sequard in the chair of medicine at the College of France.

A Laryngological Society has been formed in Vienna with Professor Stoerk as the first president.

The German Institute of Vaccination is preparing to celebrate the centenary of Jenner's discovery.

The *North Carolina Medical Journal* will be issued as a semi-monthly from the first of this year on.

Dr. Joseph T. Duryea has been appointed expert in contagious diseases to the Health Department of Brooklyn.

The Maternité in connection with the Woman's Medical College was open for inspection last Thursday afternoon.

At the National Conference of the State Boards of Health recently held in Washington, a strong appeal for a National Board of Health was made.

Dr. Herman Weber of London has given to the Royal College of Physicians $12,500 to found a prize to be offered every year for the best essay on tuberculosis.

Dr. Charles E. Sadtler and Miss Slicer were married last month. Dr. Sadtler has removed his office from Druid Hill Avenue and has taken a house at 1839 Bolton Street.

Six new assistants in the Bacteriological Department of the New York City Health Department will be appointed at salaries of two thousand dollars a year each.

Professor E. Weil succeeds Professor Gussenbauer at Prague, who succeeds Billroth in Vienna. Professor Gussenbauer also takes Billroth's place on the editorial staff of the *Archiv für Klinische Chirurgie.*

It has been proposed to erect a testimonial to Sir Henry Acland, who has just resigned his position as Professor of Physic at Oxford, which he had held for thirty-six years. The testimonial will be a home for nurses. Dr. Burden Sanderson has succeeded him.

Drunkenness in St. Petersburg is reported to be greatly on the increase, so much so that the authorities have become alarmed, and have instituted the most energetic measures to suppress it. Any one found drunk in the street is imprisoned for from one to three days, and the person from whom the last drink was bought, if he can be found, is fined from five to twenty-five rubles.

The late Dr. W. T. G. Morton, the discoverer of the safe use of ether, is one of fifty-three celebrated sons of Massachusetts whose names are to be inscribed on the base of the dome in the new chamber of the House of Representatives in the State House at Boston. Dr. Morton was a student at the Baltimore College of Dentistry in 1840, when he was twenty-one, and first used ether in 1846. Dr. William J. Morton, the well-known nervous specialist of New York, is his son.

The publication of a large work on "Special Pathology and Therapeutics" has commenced in Vienna under the editorship of Professor Nothnagel, which is to take the place of the well-known cyclopedia edited by Professor Ziemssen. It is hoped that the work, which will consist of about twenty-two volumes, will be completed in the course of two or three years. Portions of various volumes have already been issued, including the articles on "Animal Parasites," by Professors Mosler and Peiper; "Migraine," by Professor Möbius; "Diseases of the Pericardium," by Professor Schrötter. A part of a highly elaborated monograph on "Poisons," by Professor von Jaksch, which will form one of the volumes, has also been published.

WASHINGTON NOTES.

The old students and friends of Dr. Wm. C. Dabney, late Professor of Obstetrics at the University of Virginia, have begun to raise funds for the erection of a monument to his memory.

The Clinico-Pathological Society held its regular meeting on January 15, the President, Dr. Sprigg, in the chair. Dr. D. Olin Leech presented a specimen of omentum and a piece of gangrenous intestine that had been removed in an operation for strangulated hernia. The patient, however, died. The essayist of the evening was Dr. C. W. Richardson, but as his father had died only a few days ago, the Society adjourned in his honor.

The Medical Society of the District of Columbia held its weekly meeting on Wednesday night. Dr. J. Ford Thompson presented several specimens, as follows: (1) Vaginal hysterectomy for carcinoma uteri, which had been treated for polypus. (2) Laparotomy for pyosalpinx—afterward the uterus was removed. (3) This case was diagnosed as extra-uterine pregnancy. Under ether, tubal pregnancy was discovered and myoma uteri; the uterus was found to be a mass of fibroids and was removed. The essayist of the evening was Dr. W. W. Johnston, who read an able and interesting paper on whoopingcough. He had a number of charts to illustrate its large mortality and he offered many suggestions as to how the deathrate might be reduced. The paper was discussed at length by Drs. D. W. Prentiss, Nordhoff, Adams and Magruder. The Society then adjourned.

The regular meeting of the Washington Obstetrical and Gynecological Society was held on Friday night, the President, Dr. H. D. Fry, in the chair. Dr. H. D. Fry presented a young woman upon whom he had performed a laparotomy for diseased appendages of the uterus. The woman had been treated for typhoid fever. On opening the abdomen it was found that she had tubercular peritonitis in addition to ovarian abscess. He presented the case to show how much improved the woman was in her general condition as the result of the operation.

The programme of the evening was (1) Dr. J. R. Bromwell: "The Care of the Breasts Preceding, During and Following Labor." (2) Dr. W. P. Carr: "Oöphorectomy for a Small Uterine Fibroid."

Those who discussed the two papers were Drs. F. S. Nash, T. C. Smith, J. Ford Thompson, H. D. Fry, J. W. Bovée, I. S. Stone and W. P. Carr. The meeting then adjourned.

Dr. Church, House Surgeon of the Emergency Hospital, finds himself in quite a quandary. He has been subpenaed to appear at three different Courts, on the same day and hour; each subpena stating that he must not leave the Court without permission.

PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending January 21, 1895.

Major John V. Lauderdale, Surgeon, will be relieved from duty in the Department of the East, to take effect upon the expiration of his present leave of absence, and will then report for duty at Fort Omaha, Nebraska.

Lieutenant Colonel Henry R. Tilton, Deputy Surgeon General, is relieved from duty at Fort Omaha, Nebraska, and will report in person to the Commanding General Department of Dakota for duty as Medical Director of that Department, relieving Colonel Charles C. Byrne, Assistant Surgeon General; Colonel Byrne on being thus relieved will report to the Commanding General Department of the East for duty as Medical Director of that Department.

Colonel Joseph R. Smith, Assistant Surgeon General, will be relieved from duty as Medical Director Department of the East, to take effect about February 5, 1895, and will proceed to his home, where he is authorized to await retirement.

UNITED STATES NAVY.

Week Ending January 19, 1895.

Surgeon Jas. R. Waggoner placed on waiting orders.

Passed Assistant Surgeon L. W. Curtis detached from Naval Hospital, Chelsea, Mass., and placed on waiting orders.

Passed Assistant Surgeon L. H. Stone ordered to the United States Steamship "Alliance" January 22.

Surgeon J. G. Ayers ordered to the United States Steamship "Olympia."

Passed Assistant Surgeon M. R. Pigott ordered to the United States Steamship "Olympia."

UNITED STATES MARINE SERVICE.

Fifteen days ending January 15, 1895.

H. R. Carter, Surgeon, to resume temporary command of Cape Charles Quarantine, January 7, 1895. Relieved from such duty January 14, 1895.

T. B. Perry, Passed Assistant Surgeon, to proceed to Delaware Breakwater Quarantine Station for temporary duty, and to rejoin station (Cape Charles Quarantine) upon completion of same, January 14, 1895.

Wertenbaker, Passed Assistant Surgeon, granted leave of absence for seven days January 3, 1895.

BOOK REVIEWS.

A PRACTICAL MANUAL OF MENTAL MEDICINE; by E. Régis, Professor of Mental Diseases, Faculty of Medicine, Bordeaux; translated by H. H. Bannister, M. D., Chicago. Published by the press of the *American Journal of Insanity*, Utica State Hospital, Utica, N. Y.

The framework of the book is made up of a chapter on the history of insanity; a section on general pathology, which includes the etiology, duration and prognosis of mental diseases in general; a section of special pathology and classification of the different forms of mental alienation; and a chapter on the care and treatment of the insane.

The causation of insanity is carefully analyzed, and it is shown that civilization is indirectly a frequent cause. The increase of insanity among the colored people is of great interest to us, and Buchanan's figures quoted by Régis are worthy of special notice. The figures taken from the report of the Lunacy Commission of the State of Maryland for 1893 are very apropos to this statement. The theory of auto-intoxication receives some attention. Excessive acidity in the gastric secretion in cases of melancholia is also noted, and lavage of the stomach with the administration of alkalies are recommended. His classification is both simple and comprehensive.

A chapter is devoted to the insanities occurring with, or consecutive to, the different physiological conditions of life and those following physical diseases, but they are in no way considered as different in form from the pure vesanias, except as they may be influenced in their course by the antecedent physical conditions.

The manual is well printed and bound, and shows commendable zeal on the part of the insane persons who assisted in its production. Their efforts will disseminate light and knowledge regarding their own maladies. The work is heartily recommended to students and practitioners.

CURRENT EDITORIAL COMMENT.

DO NOT PRESCRIBE ALCOHOL.

The Charlotte Medical Journal.

PHYSICIANS, as an educated and enlightened body of men, should never recommend alcohol unless absolutely necessary. They should endeavor to imbue the masses of mankind with the thorough understanding of the mental and moral havoc and physical destruction wrought by this terrible agent.

NEWSPAPER MEDICINE.

Atlanta Medical Weekly.

IT seems very difficult for newspaper people to understand that there is a line of demarkation over which they should not step, thinking that all news and knowledge should be spread wide open to the world through the newspaper. The special knowledge and skill of the medical profession is never kept as a secret, and yet this same knowledge and skill is the entire capital stock of a corps of ladies and gentlemen who have spent many years and thousands of dollars in the attainment of such possessions.

FALSE GODS.

Louisville Medical Monthly.

FOR the past ten years the medical profession has been startled by frequent announcements of wonderful discoveries in therapeutics. These discoveries are, more or less, in the line of inoculations for the cure of contagious diseases. The most recent of these is antitoxine, said to be almost specific in diphtheria. Though its advent is of but recent date, many reports of its successful application are extant. It is too early to justify a decided opinion as to its merits, but we cannot forbear the expression of some doubts.

REGISTRATION OF DISEASES.

American Medico-Surgical Bulletin.

THE physician, as the guardian of the public health, should not limit his field of work to the simple problem of the infection and how to prevent its spread. He should keep clearly in mind the leading fact that the number of diseased individuals in the community is large, and, when dealing with tuberculosis or syphilis, it is not a few isolated cases that he has to consider. On the contrary, he must take into consideration the unfortunate fact that there is hardly a family in the land that can be said to be absolutely free, in all its branches, from tuberculosis or syphilis, or both.

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TO PRACTITIONERS OF MEDICINE.

The Medical Law as repealed and re-enacted, with additions and amendments, by the Maryland State Legislature, has been printed at this office in neat and convenient form for physicians. Copies may be obtained at the Journal Office or will be forwarded by mail on receipt of 15 cts. in stamps or coin.

NOTES.

GARGLES with guaiac, it is said, will prevent or abort a tonsillitis.

*

MONOSULPHITE of sodium, six grains a day, causes rapid elimination of lead in lead colic.

*

HYDRIODIC acid may be relied upon to produce the desired effect of iodine and its preparations.

*

THE celebrated waters of Carlsbad depend almost entirely on the presence of Glauber's salt for their efficacy.

*

MENTHOL as a specific in vomiting of pregnancy acts as a local anesthetic and diminishes reflex excitability.

*

THE binoxide of manganese will be found far preferable to the permanganate of potassium in dysmenorrhea, amenorrhea and kindred menstrual disorders. Five grains, three times daily, will prove efficient.

*

WHEN iron disagrees, it is usually because the dose has been too large. A single drop of tincture of chloride will often act as an efficient chalybeate, if given in a full tumbler of cool water after meals, when larger quantities will fail. The good effects achieved by the use of the various ferruginous waters possibly depend on the minute quantity and the thorough dilution.

PHARMACEUTICAL.

ALTHOUGH iodoform is regarded as an excellent agent for local application in syphilitic and tubercular affections, such as ulcers, and also in wounds, still its odor has always been so objectionable that its use in private practice has been to a great extent abandoned. We notice in White's Materia Medica, edited by Professor R. W. Wilcox of New York, a second edition of which has just been published by P. Blakiston, Son & Co., that Europhen is used for like purposes and in the same quantities as iodoform. It is said by the author to be a powerful germicide and bactericide. When dry it is permanent, but when moistened it splits up into iodine and a new soluble iodine compound. It is without any disagreeable odor and seems to possess the advantages of iodoform without its disadvantages. Indeed, if the statement of White is true, it has decided advantages over iodoform in that it is a germicide, while this property of iodoform is in dispute. It is used in powder form, as an ointment with vaseline or lanoline, 10 to 15 per cent., and with olive oil 5 per cent., as an injection in tertiary syphilis.—*Brooklyn Medical Journal*, December, 1894.

ONE of the most frequent forms of debility is that including a deficient secretion of digestive ferments and more particularly of the starch-converting ferment. In these cases it is not sufficient to treat the patient for the primary cause of the debility alone, but the distressing symptoms must also be looked after at the same time and the use of some preparation rich in diastase will frequently not only give temporary relief by supplying the missing ferment, but be of great systemic value by causing the assimilation of needed nutriment. Since Tarrant's Hoff's Malt is frequently indicated in such cases, it would seem that a remedy so rich in diastase would prove of much therapeutic value.

WHEN the urine is of high specific gravity by reason of the presence of an abnormal amount of uric acid, Lambert's Lithiated Hydrangea, in my hands, has never failed to be of signal benefit. In cases in which the specific gravity exceeds 1.020, it invariably gives good results.

Guided by these indications, I have successfully used this preparation for several years

in the various diseases produced by the well-known irritating properties of uric acid, finding that it acts like a charm in cystitis, excessive micturition, headaches, etc. I have also used it with satisfactory effect in many cases of gastric and abdominal dyspepsia, diabetes, Bright's disease and rheumatism (particularly muscular). In fact, in all cases where uric acid is to be combated, Lambert's Lithiated Hydrangea will be found a potent remedy.—Wm. B. Gray, M. D., Richmond, Va.

Dr. Charles Day, M. R. C. S., etc., 79 St. Mark's Square, W. Hackney, London, writes, on January 17, 1893, to Messrs. Battle & Company, St. Louis, Mo.: I have prescribed your preparation, Iodia, with very satisfactory results. Its power of arresting discharges was very manifest in a case of leucorrhea and another of otorrhea. In the latter case, the result of scarlet fever in early life, the discharge had existed for many years. The patient could distinctly feel the action of the Iodia on the part, and the discharge gradually dried up.

Dysmenorrhea, the congestive kind, with stomachache, and excruciating headache and pain in the back, which is often seen in young girls and women with displacements, can often be relieved by Celerina and Aletris Cordial combined, in equal parts.

Celerina should be tried in lumbar pain, frequent micturition and intestinal indigestion.

THE AMERICAN MEDICAL ASSOCIATION.

The American Medical Association will hold its next annual meeting at Baltimore in May, 1895, and it is expected that an unusually large number of physicians will be in attendance. Delegates and members will be present from all the important cities in the east and south, but by far the greatest number will come from the western cities. To transport so many, special trains will be run, and those who do not use the special trains will have the choice of several roads. The Baltimore and Ohio Railroad will naturally attract a large contingent of those coming east, south and north, because of its excellent facilities, its extensive service and principally because all its trains from the west and south are run *via* Washington. This will be a great inducement to the visiting members and delegates accompanied by their wives and daughters. Besides this, those coming from points between New York and Washington will have the opportunity of using the Royal Blue express trains, which are composed of vestibuled Pullman cars running very rapidly and all with no extra charge. In addition to this, those who attend this convention and do not come *via* Washington can run over to that city on the forty-five minute trains, which are said to be the fastest trains in this country, if not in the world. Particulars as to rates and other information may be obtained from any of the following agents of the road; or will be mailed by addressing the Baltimore and Ohio Railroad, Baltimore, Md.

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Superintendent Chas. Ainge, of the National Detective Bureau, Indianapolis, Ind., announces that two or three capable and trustworthy men are needed in this county to act as private detectives under his instructions. Experience in the work is not necessary to success. He edits a large criminal paper and will send it with full particulars, which will explain how you may enter the profession by addressing him at Indianapolis, Ind.

*

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXII.—No. 16. BALTIMORE, FEBRUARY 2, 1895. Whole No. 723

ORIGINAL ARTICLES.

THE IMPORTANCE OF EARLY AND PROMPT OPERATIVE TREATMENT IN APPENDICITIS.

Read before the Clinico-Pathological Society of Washington, D. C., Dec. 8, 1894.

By D. Olin Leech, M. D.,
Washington, D. C.

Mr. President and fellow members: The subject I have selected for my paper tonight is to me one of peculiar interest. November 5, four years ago, I had an attack of appendicitis, narrowly escaping death, without an operation. As my attending physician has often remarked since, "It is vouchsafed only once to man to come so near death and escape." At times now, I stop and shudder at the thought, and heartily wish I were minus my appendix.

On February 4, following my first attack, I had a slight recurrent attack, from which I recovered slowly.

Appendicitis has been for the past three or four years, and is still, a much discussed subject. One can scarcely pick up a medical journal but he finds an article under this head. Even the secular press, the newspapers and magazines, are full of it, so that I do not expect to add anything new or original to the already overcrowded stock of literature. I do want, however, to voice my sentiments with those who urge an early operation as being the safest and best method of treatment.

Appendicitis is, as we all know, an inflammation of the appendix vermiformis, which involves to a greater or less extent the cecum and the surrounding tissues. Under the general term appendicitis are now included the conditions formerly called by the names typhlitis, perityphlitis, paratyphlitis and other conditions involving the region of the right iliac fossa. These latter terms are used mostly in England, where the term appendicitis is rarely heard.

Researches of the past few years have shown conclusively that, almost without an exception, these inflammations begin in the appendix, from which point they spread to a varying extent and with varying degrees of intensity. In fact, it is now conceded that the appendix is the primary cause and nidus of nearly all cases of general peritonitis, except those which originate from the internal genito-urinary tract, or are due to traumatism or operation.

More often than we imagine are other diseases mistaken for appendicitis and *vice versa*. In one case, under my care about a year ago, I remember I was unable for several days to decide whether it was appendicitis or typhoid fever—the symptoms of both diseases were so well marked. It proved to be typhoid, as the subsequent course showed.

How many intelligent, careful men have in years past, and at the present time, made most grievous blunders in diagnoses, which have been revealed only by an operation or a post-mortem. We shall never know how many poor mortals have gone to an untimely grave

from (so-called?) peritonitis, ovaritis, gall-stones, numerous intestinal lesions, and perhaps other diseases, who, had the real trouble (appendicitis) been recognized, and an early operation done, might have been saved, to live long useful lives.

"Appendicitis," says Dr. Lewis of New York, "is not more prevalent than formerly; on the contrary, the disease has alway existed, and we are safe in saying that the human race has always shown about the same proportion of cases as at the present time."

During the past fifteen or twenty years, our physicians and surgeons have developed the art of diagnosing diseases to a degree not known in former times. Treatment, both medically and surgically, has been revolutionized accordingly.

The recognition of the importance and frequency of this condition we owe, in the first place, to Reginald Fitz of Boston, whose researches, first published in 1886, have been confirmed by Stimson, McBurney, Bull, Keen and others, all of whom are Americans.

The result of the work and views of these men, chief among them McBurney of New York, is now being shown all over the civilized world, in that the disease is recognized and accurately diagnosed much earlier and an operation is done before the patient is past the dead line. I believe the day is not far distant when we all will recognize the importance of, and insist upon, early operative interference in the large majority of, if not in all, cases of appendicitis that come under our care. Temporizing is valuable time lost, and doing the patient, as well as the physician, flagrant injustice.

I know that a great many of our leading men are very conservative and the profession at large is divided upon this question, bringing fresh statistics and cases to prove their argument. Indeed, for a long time, I must confess, I was among the conservatives.

I do not intend, this evening, to go deeply into the anatomy, history, cause, etc., because, as I said before, the subject is covered almost daily in all parts of this and other countries, until even the country practitioner and backwoodsman, medical student, nurse and layman, know more about the vermiform appendix (or as a student called it, the "vermifuge" appendix) than almost any other part of the human anatomy. I shall discuss it only in a general way, trying at the same time to throw the weight of argument in favor of early operative treatment.

By some authors, children are regarded as especially predisposed, but the majority hold it to be more frequent in adults, largely in males, in the proportion of five to one, and the two extremes of age are practically exempt. Fitz reports 228 cases, 173 of which were below 31, and 207 below the age of 41.

The cause of appendicitis is very interesting. Theories vary, and are almost as numerous as the writers on the subject. It is now generally conceded by those who are authority on the subject that there are two principal causes, mechanical and bacterial, or technically speaking, traumatic and idiopathic. Some attribute the inflammation to catarrhal origin, but Dr. Morris of New York says, "I believe the term as ordinarily applied is a misnomer." Occasionally appendicitis is of tubercular origin.

There is a popular idea among the laity, and I might say that many of the profession adhere to it too, that grape, apple, orange and many of the smaller seeds get into the appendix, and by their presence and inability to escape set up an inflammation.

While eating shell-fish, raw and otherwise, pearls occasionally get into the appendix. A case is on record where a young man, while eating raw oysters, unconsciously swallowed a pearl. Several days after, he was taken with an intense pain in the right iliac region. Appendicitis was diagnosed, an operation was performed, and in the appendix was found the beautiful pearl, for which, report says, the owner refused $200.

While the belief is well grounded and it is occasionally found to be the cause,

more often it is not, as has been proven by the numerous operations that are now being done, and by a series of necropsies.

Drs. Bryant and Briggs of New York have made a series of examinations and found that 67 per cent. of 124 cases contained abnormal material, and that in no instance was there other than fecal substance, or products dependent on inflammation, present in these cases. Grape seed and bodies foreign to the intestines were not present at all.

Dr. George W. Wells of New York recently sent out inquiries to leading surgeons and physicians in many parts of the United States as to the contents of the appendices of those who have died from appendicitis. The replies confirm almost unanimously the absence of grape or other seeds. Two surgeons found a substance resembling a date seed, translucent, probably what is known as an enterolith, or a mucus and lime formation. One case, an apple seed, in another, peanuts, were found.

The percentage of foreign bodies was very small. It is said that fecal concretions and foreign bodies are found in only 4 per cent. of all operative cases, therefore, excluding fecal concretions and other foreign bodies, the percentage of cases in which grape and other seeds are found must be even smaller than this. In one case, operated upon in this city, a quantity of green persimmon was found.

The bacterial origin of appendicitis (bacteria coli communis) is now believed in by many. These bacteria are said to be normally present in the intestinal tract, and when there is a solution of continuity in the mucous membrane of the gut, cecum or appendix, these bacteria swarm to the spot, like hungry wolves upon a fallen traveler in the forest. An active inflammation is set up, which may end in recovery or death, as perforation may or may not occur, dependent upon the degree of peritoneal inflammation.

What are the chances of recovery? It is safe to say that a case of appendicitis, no matter of what variety, what cause, or however mild, is always in great danger. The class of cases of the so-called catarrhal variety, which are usually mild in character, are liable at any time to pass into the more violent, fulminant form. These are the cases which our conservative friends hold up as examples that an operation is not necessary. The recovery is only one of chance. Then there are the cases of traumatic origin (from blows, impacted feces, fecal concretions, foreign bodies, etc.), which sometimes recover without an operation, but not always. The risk is great, and valuable time is lost by waiting. They generally need a surgeon and the wise physician (the general practitioner I mean) will always have his surgeon friend ready for an immediate call. Keen has correctly said that the first duty in a case of appendicitis is to call a surgeon.

There may or may not be perforation. It may take place very early, or not until very late, and has been known to occur within twenty-four hours after the onset of the symptoms. It is the explanation of nearly all the fatal cases. Any appendix may be perforated in any case. Matterstock found, out of 146 fatal cases, perforation 132 times. Fenwick, 113 out of 139 cases.

Appendicitis due to bacterial origin, the infective variety, or the so-called fulminating form, is quick in its action and rapidly fatal. Here an operation is always necessary in order to save life. As soon as the diagnosis is made an operation should be insisted upon. Death is almost certain without it. Delay is hazardous, for if peritonitis supervenes, chance for recovery is practically gone.

I cannot leave this subject without speaking of the recurrence of appendicitis, or the relapsing cases.

A case is reported in which there were between one and two hundred attacks, with a final operation. McBurney reports a case of a man who had twelve attacks in as many months.

I have a patient who has had five or six attacks during the past ten years. It has been exactly two years since his last attack. He will not consent to an operation.

Krafft says that 23 per cent. of the 106 cases under his observation had had similar trouble previously. My own case was a relapse three months after the primary attack. About the tenth day of this relapse, I passed, per rectum, an orange seed, brown and macerated, and almost ready to sprout. Have had no recurrence *ad interim*, not even a symptom. Have been very careful as to diet since then, have eaten no small fruit, and take the seeds out of tomatoes, of which I am particularly fond. Should I be so unfortunate as to have another attack, I can assure you I shall not hesitate one hour to be operated upon and have the little villain excised.

In general it can be said that one who has had an attack of appendicits is far from being exempt from a relapse, and possibly many of them, any one of which may cost him his life. Only those are exempt upon whom the operation for the removal of the appendix has been performed.

Fitz says that 26 per cent. and Stimson 25 per cent. of all cases of appendicitis prove fatal. According to Fitz, of 176 cases of perforative appendicitis, 60 died during the first five days, 56 during the first four days, 28 during the first three days, and 8 during the second day; all of which goes to show that appendicitis may terminate fatally in less than forty-eight hours. Martin, in Hare's System of Therapeutics, says it is moreover certain that in the large majority of cases dying within five days the fatal septic or putrid infection begins before the end of the third day. What a tremendous mortality of Fitz's cases, all, or the large majority of which might have, and probably would have been saved, had an early operation been done. By an early operation, I mean one that should be done as soon as the diagnosis is made and confirmed by a reliable surgeon. The man who is careful will not usually find a correct diagnosis hard to make. The following salient points render the diagnosis almost a certainty. Sudden and severe abdominal pain which is usually referable to the whole abdominal region, and in many cases is described as having begun in the right iliac fossa. This pain is preceded in some cases by a so-called prodromal stage of discomfort in the whole abdomen, which may last for several days, before the acute symptoms appear, as was the case with me. This vague abdominal discomfort, being slight, is often mistaken for a simple colic, enteritis, or an attack of intestinal indigestion, and is therefore misleading. The pain or discomfort which has been diffused now localizes itself, and this point of location is of the greatest importance.

McBurney of New York, one of the leading authorities on this subject, has made his name famous, and at the same time rendered the profession a lasting service in locating a diagnostic point, now known by his name, situated in a line drawn from the anterior superior spine of the ilium to the umbilicus, about one and a half to two inches from the spine. At this point, if firm pressure is made with the finger tip, or upon palpation, great pain and tenderness is elicited. This is a pathognomonic symptom, as it is present in no other acute disease. Rigidity of the right abdominal muscles, with the right leg drawn up. The patient lies flat upon his back, as turning to either side causes, in the majority of cases, severe pain. There is often constipation, sometimes the reverse. Chill and severe vomiting may or may not occur. Fever is usually present, but is variable. Tympanites is usually noticeable, varying with the severity of the symptoms, or the extent of the local trouble, and may be prominent by the end of the first day. Should perforation have taken place, which is sometimes the case even within a short time, tympanites is usually absent. A localized tumor may or may not be found during the first or second day, but is usually found by the end of the third day, and when recognized is confirmative of the diagnosis. This tumor consists of the inflamed appendix, cecum, or omentum, singly or all, with exudate, and perhaps pus, or fecal matter may be a constituent of the inflamed mass.

Chief among the dangers from appendicitis is general peritonitis, from exten-

sion of the inflammation, or perforation. As for suppuration, the tendency with an inflamed cecum, appendix and surrounding tissues, especially the variety due to bacterial origin (bacteria coli communis) is a rapid formation of pus, which may burrow anywhere and everywhere, rupturing into the peritoneal cavity, the bowel, bladder, or vagina. These cases are almost necessarily fatal, though they may result in a slow, tedious convalescence. An early operation would save all this, giving the patient the benefit of time and strength. Then we have the great danger and liability of recurrence, death staring the unfortunate one in the face all the time.

There is little to be said in favor of internal medication in cases of appendicitis. It is valuable time lost. In fact, internal medication amounts to nothing.

Opiates may possibly have to be given to relieve intense pain, but should be used only when necessary, as they do great harm by masking important symptoms, by which we must be guided in managing our case. Cold applications constantly applied to the right iliac region do more good in relieving pain and limiting inflammation than anything I know of. They sometimes check the course of the disease as if by magic, and always do good.

Many authorities advise against the use of laxatives, as being harmful. I believe, and know from experience in three cases, that thoroughly emptying the colon by an enema of hot soap-suds and giving one drachm of a saturated solution of magnesia sulphate, hourly, until two or three watery stools are produced, accomplishes much good. It cleanses the bowel and lessens the chances for an extension of inflammation, at the same time putting the patient in a much more favorable condition for operation, and also aiding materially his chances for recovery.

I have been firmly convinced, within the past two or three years, that if a majority of, or even all cases of appendicitis are to be saved, with time and strength to the patient, it must be through an early operation—probably not later than the fourth day, although there is no iron-clad rule to guide us.

A prominent writer on this subject has truly said that the therapeusis of appendicitis is essentially surgical; and again quoting Keen, "The first duty in a case of appendicitis is to call a surgeon."

The case I have to report is one that proves conclusively the importance of prompt, early operative treatment.

About 9 o'clock on the evening of October 21, I was called to see a young man, age 24, married, and by occupation a butcher. I found him in bed, suffering intense abdominal pain, located mainly in the right iliac region, severe frontal headache, slight nausea; had vomited in the afternoon. Temperature 103.4°. Pulse 100.

He had eaten a hearty dinner, which materially aggravated his discomfort. He said he began to feel badly the day before, with an uncomfortable feeling in his stomach; bowels had moved on the 20th, and on the morning of the 21st, though rather constipated, I ordered cold applications, several thicknesses of flannel wrung out in cold water, to be applied frequently, until I should see him the next morning.

I gave him calomel gr. $\frac{1}{6}$, pulv. pepsin comp. gr. i, and quin. sulph. gr. iij, every three hours, with phenacetine gr. v for the headache; also ordered a hot mustard and salt foot-bath. When I saw him next morning he was more comfortable, though not free from pain; bowels had not moved. Upon a careful examination of the abdomen I found some general tenderness, most marked in the right iliac region, very sensitive on pressure at McBurney's point. I now suspected appendicitis, and so informed my patient. At my evening visit temperature had risen only $\frac{4}{10}$ of a degree — no increase of pain — severe headache and quite restless. Bowels had not moved, so I ordered an enema of hot soap-suds. Continued cold locally, which relieved the pain and controlled the restlessness to a wonderful degree.

When I saw him on the morning of the 23d, found him quite easy, tempera-

ture 102°, pulse 92; tenderness on pressure at McBurney's point more marked, eliciting great pain; abdominal muscles of right side quite tense; enema had had very little effect. I now made out a slight tumor over the region of the cecum. This positively confirmed my diagnosis, and I immediately explained to my patient and the members of his family the danger of the trouble, and the importance of an early operation.

My evening visit found no change; temperature same as morning. As he had not had a free evacuation of the bowels, I ordered a saturated solution of magnesia sulphate, one drachm to be given every hour, until two or three watery passages should result.

Next morning I found my patient in great pain; temperature 104°, pulse 112; intense rigidity of the right abdominal muscles, knees drawn up, thighs flexed. He could scarcely bear the weight of my finger over the region of the cecum. He had had three large, free watery stools, very offensive.

Realizing the importance of prompt action, I now asked for a consultation at once, explaining the danger and risk of delay. As everything was left to my judgment, I telephoned Dr. James Kerr, and met him in consultation at one o'clock. He concurred freely in the diagnosis and the importance of immediate operation. The consent of the patient and family was given, and we decided to operate at 3.30 P. M.

Upon opening the abdomen over the cecum, the gut and surrounding tissue were found to be congested. The appendix was found tucked down, under and behind the cecum, intensely congested, smaller than ordinarily seen, no adhesions and no pus. It was lifted up into the incision, a double ligature put on close up to the cecum, and cut between. The stump was touched with pure carbolic ac id and dropped back. The incision was closed and dressed antiseptically.

Examination of the appendix, after excision, showed marked congestion and thickening and perforation of the free end. On laying it open one-third (the free end) was found to be necrotic, the mucous membrane being soft and granular. Had we delayed the operation, in forty-eight hours, probably, pus and adhesions would have been found; besides, the patient would not have been in such good shape.

At 9.30 P. M., six hours after the operation, the temperature had fallen to 98.4° (from 104° before operation), pulse 98 (112 previously).

The evening after the operation, the temperature rose to 100.2°, dropping next morning to normal, where it remained.

The patient made an uninterrupted recovery. He sat up, out of bed, fourteen days after the operation, and was out at work in just one month. I have seen him several times since. He is perfectly well, has no tendency to hernia at the incision, although he still wears an adhesive plaster corset, as a precaution.

THE NATURE AND TREATMENT OF LEPROSY.—Leprosy is not of frequent occurrence in this country, but the nature and treatment of this disease is none the less interesting. Dr. R. H. L. Bibb of Mexico has made a personal study of a large number of cases, which he has reported in the *American Journal of the Medical Sciences*. His conclusions are:

1. That leprosy is a specific disease, due to the presence of the lepra bacilli.

2. That experiments have not demonstrated leprosy to be inoculable on man or beast.

3. That leprosy is influenced by race, climate, soil, food, etc., only in so far as these environments tend to enervation on the one hand, or to physical well-being on the other.

4. That leprosy is hereditary.

5. That leprosy is contagious, infectious, and communicable, under conditions not yet understood.

6. That leprosy is both mitigable and curable.

7. That chaulmoogra oil is a drug of unquestionable value in the treatment of leprosy.

8. That leprosy may be entirely eradicated from the list of human ills.

CHLOROFORM VS. ETHER NARCOSIS.

By N. P. Barnes, M. D.,
Washington, D. C.

Since the discovery by Guthrie in 1831 and by Morton in 1846, the administration and physiological action of chloroform and ether have occupied a high place among the subjects for discussion in society and journal; a subject that has always proven to be of deepest interest to the physiologist and of inestimable importance to the general practitioner.

Nevertheless, with all the opinions and experience of the able members of our profession, it is only within the last year that the true action and effects of these anesthetics has been demonstrated.

Ether for a time promised to displace chloroform almost entirely from the practice of medicine. The deathrate given five years ago being 1 to 20,000 in ether and 1 to 3000 in chloroform.

At this day, however, after a few more years of experience and investigation, we have a slight change in the deathrate and are now able to use either at our command with equal safety if the technique of administration in both anesthetics be observed. As these drugs are administered daily by unskilled and merely mechanical practitioners, the preference is given to ether from the fact that it is less dangerous in inexperienced hands and narcosis being slower, is more amenable to treatment. While the supporters of ether claim, and justly too, that more deaths occur under chloroform narcosis, yet they leave untold the deaths and bad results of ether that are experienced in a day or week or month after the anesthetic has been used, some of which will be mentioned farther on.

It is true that chloroform is less safe than ether during the administration and in the hands of unobserving anesthetizers, but I wish to show that, properly administered, it is equally as safe in a large majority of cases and the after-effects much better.

The popular method of administering ether by almost total exclusion of air consumes small quantities of ether, but is dangerous and causes extreme distress to patients. Pure ether vapor carried into the lungs of a dog causes death promptly from heart failure. Anesthesia is generally maintained under this popular method at any place from extreme narcosis to vomiting and restoration. This, however, is an avoidable objection that can be overcome by inhalers (Clover) that regulate and control the amount of ether given, allowing an admittance of air without removing the inhaler; but one objection to ether that can not entirely be overcome is its damaging effect upon the kidneys. There are yet a few practitioners who deny the existence of nephritis following ether, but more numerous and thorough investigators claim that one-third of all cases of ether anesthetization are followed by albuminuria, and while it is a fact that in most cases the heart beats strong and regular and the respirations are full and deep under ether, yet we have those cases of healthy lungs but incompetent heart with thickened valves with ventricular hypertrophy that during the administration the pulse becomes weaker and suddenly respiration fails. Artificial respiration, faradization and massage are often resorted to in vain, and in the autopsies the lungs and mucous membranes are always found congested. The left side of the heart may be contracted firmly, while the right is distended with blood.

A late death of post-ether narcosis has been reported, due to edema of the lungs. A healthy male of 46 years, operated on for irreducible hernia. The narcosis was natural enough; breathing deep and regular, pulse full and strong; some rales were heard toward the end of the anesthesia, though not marked; consciousness recovered quickly and for the first hour there were no abnormal respiratory symptoms. Then came on the difficult breathing and expectoration of large

amounts of mucus. Symptoms grew worse; despite injections of camphor the heart's action failed, the patient became cyanotic and a reddish froth came from the nose and mouth. Death followed with symptoms of edema of the lungs two hours after the end of anesthesia. Autopsy same day showed fibrous peritonitis with adhesions and suppurating foci and an enormous edema, especially of the lower lobe of lungs. Death was attributed to post-ether necrotic edema of the lungs. (Author thinks that death was caused by toxic action of the ether as are post-anesthetic bronchitis and bronchopneumonia; that late deaths are more frequent with ether and statistics collected up to the present time have not established the classified superiority of ether over chloroform.)

The knowledge of the action of chloroform on the nervous system is of profound interest to the scientific medical man and also of the greatest practical importance to the clinician. Statistics thus far published regarding the death-rate, although valuable, are practically unreliable. Billroth reports his first death after 12,500 successful chloroformizations; Lyman's rate of death in chloroform is 1 to 5860; Neve reported 3000 cases without death; Foy collected 877,-507 with 204 deaths, or 1 to 15,000. This, it would seem, is an argument against chloroform, except when we look at the cases that will not succumb to ether and have to resort to chloroform, 40 per cent. of these being alcoholics with fatty heart and a large per cent. of the other cases being those in which ether cannot be used, in children, in lying-in women, in face, mouth and throat operations.

Incomplete anesthesia is always a dangerous condition in which to perform any operation and more especially when the fifth nerve is implicated, as, for instance, the simple operation of pulling teeth when the cerebral hemispheres are suspended by small amounts of chloroform, but not the basal or medullary ganglia, allowing the irritation of a sensory nerve to transmit reflex inhibition over the pneumogastric to the heart, thus arresting its motor ganglia. The circulation is affected according to the vasomotor depression with final depression of the cardiac muscle itself. Yet routine practice should be abandoned and every case carefully studied. Watching the circulation alone will not justify us, as the heart often beats after the respiration has stopped. So it is requisite in order to be perfectly safe that accurate observation be practiced by those who are skilled in the use and action of the drug and who are fully competent to detect the minutest sign. A few cases of death from chloroform have been reported due to nasal reflex irritation of the pituitary membrane at commencement of anesthesia similar to reflex inhibition above mentioned. This view is confirmed by experiments upon rabbits and the inference left is that the nose should be compressed and the anesthetic administered through the mouth at the commencement.

In long series of elaborate and painstaking experiments it is now fully established that under chloroform the respirations increase, then diminish; that the pulse grows smaller and feebler; that the heart generally beats from one to two minutes after respiration stops. The circulation may scarcely be detected at the radius, yet respiration be normal; therefore the circulation independently of respiration may become abnormal, either through cardiac weakness or vasomotor change, or both, and is dangerous; therefore we are not justified in watching but one function, which would continue to keep up the deathrate instead of diminishing it.

In order that these two functions be closely observed in detail there should be two men of science and experience, one to watch each function, so that a divided attention would not exist to endanger the life of the patient. In the use of either anesthetic every possible extreme should most accurately be observed to bring about the results we are striving to attain.

The condition of the patient is markedly modified by position and there are many dangers arising from improper positions.

The Trendelenburg position, which is of great value in abdominal surgery, may

give rise to alarming shock from pressure of the abdominal contents upon the diaphragm with the head flexed upon the chest and the body partly supported on the shoulders. This fault can be overcome by having the legs fixed with straps, the head in extension, and the shoulders and chest free; all these will assist in respiration. The room in all cases should be warm. Ether in itself is cooling; then the patient being at rest, thinly clad, with relaxing perspiration and diminished oxidation and the use of water freely, all necessitate a warm room, which is the best way to get warmth to the body. At the same time the cooling vaporization of the ether in passing from the lungs requires much warm air to keep from freezing the lungs, thus lessening the danger to the lungs and kidneys. Then, if necessary to apply warmth to the body, hot blankets will be much better than hot bottles or, in fact, anything else.

There are those cases that require much preparation for anesthetization, but it is not the object of this paper to suggest preliminaries other than what is directly connected with the administration of the anesthetic. With a free action of the bowels and a fluid breakfast three or four hours before the operation, we are generally ready to begin the administration of the anesthetic, but there are a few other suggestions that will not be amiss and certainly be an advantage if followed out in every case.

Where we have the patient under our care for a week or two, it is well to tone up the bowels and system with nux vomica and iron, and get an action of the former once a day; to diet the patient as may be required by the case; to test the urine for albumen and treat the kidneys if necessary. A half-hour before the operation, a hypodermic of sulphate of morphia $\frac{1}{4}$ gr. and sulphate of atropia $\frac{1}{70}$ gr. will strengthen the heart and assist in controlling the narcosis.

Hypodermics of brandy and strychnia may be given in those cases that require it and several syringes of brandy should be at the control of the anesthetizer; also nitro-glycerine and nitrite of amyl throughout the operation for use if necessary.

Sparteine is now demonstrated to be a heart regulator and in experiments on rabbits with $\frac{1}{2}$ grain, easy and deep chloroformization may be obtained.

In dogs, besides heart regularity, persistence of arterial pressure is noted, even during profound narcosis. In man, $\frac{1}{2}$ to $\frac{2}{3}$ grain of sparteine with $\frac{1}{6}$ morphine, fifteen minutes before chloroformization, often in cases of cardiac disease or in long operation, has been used and the heart always remained perfectly regular and strong.

In all cases inhalation should be begun gently with quiet natural breathing. The inhaler should provide for circulation of air and control amount of drug, and with the abolition of the conjunctival reflex, the operation begins. The drug should not be pushed to the extent of producing stertorous breathing, although this may occur incidentally at an early period.

In the administration of ether we are always troubled with the unavoidable, disagreeable sensation of the patient beginning with the first inhalation, caused by the irritating vapor coming in direct contact with the mucous membrane of the throat, larynx and trachea, and a sense of suffocation caused by the asphyxial element of the ether and the rebreathing of the same air. These, with the long stage of excitement and violent struggling, the slowness of action, the nausea and vomiting, the large amount required, the inflammability, the great danger of nephritis, in bronchitis and pulmonary troubles, in aneurism, in children, in lying-in women, are some of the disadvantages of ether. Chloroform must be resorted to in these cases and in those that will not yield to ether, also in operations on face, mouth and throat, in emergencies, in hot climates, when a large number of persons are to be rapidly anesthetized.

All of these merits and advantages of chloroform being now recognized by leaders in the profession cannot but place the anesthetic on a plane equal to, if not above, that which is now occupied by ether.

SOCIETY REPORTS.

THE CLINICO-PATHOLOGICAL SOCIETY OF WASHINGTON, D. C.

MEETING HELD DECEMBER 4, 1894.

THE President, Dr. Sprigg, called the meeting to order.

Dr. Stone presented the following pathological specimen for Dr. Glazebrook. CASE.—Luke O'Connor, aged 53, found in the American Hotel dead, December 1. From the history it was a clear case of accidental asphyxia from illuminating gas. Autopsy was performed by me twenty-four hours after death. The organs throughout were in good condition, except for the marked venous congestion.

The vermiform appendix was found bound down to the psoas muscle, and was with much difficulty separated. Upon removing the appendix I found the free end distended and enlarged to about the size of a hickory nut. Upon section it was found to contain a half drachm of foul-smelling pus; the walls were greatly thickened, and to the naked eye had all the appearance of a scirrhus tumor.

It was examined microscopically and was diagnosed malignant. I examined for the same condition in other organs but was unable to find anything else suspicious. Hearing of the paper on appendicitis, I take pleasure in presenting this specimen, the first of its kind I have ever heard of.

Dr. VanRensselaer presented several specimens of vermiform appendices, some of which had been removed from the cadaver, and others in the operation for the relief of appendicitis.

Dr. Snyder related the medical history, treatment and present condition of young Bahen, who was injured in the game of football on Thanksgiving Day, and who now lies at the Emergency Hospital suffering from spinal affection.

Dr. D. Olin Leech read the paper of the evening, title, THE IMPORTANCE OF EARLY AND PROMPT TREATMENT OF APPENDICITIS. (See page 277.)

Dr. Muncaster opened the discussion. He fully agreed with Dr. Leech on the importance of making an early diagnosis in this disease, and resorting to prompt and effective treatment. He considered the wearing of belts and tight corsets as conducive to this disease. In regard to treatment, he does not wait for high temperature before suggesting an operation. Hot applications and gentle massage have relieved suspected cases of appendicitis. He had never used cold applications, as he imagined they retarded resolution.

Dr. VanRensselaer said that notwithstanding all that has been written about this affection, no definite line of treatment had been adopted. This may be because mild cases recover on conservative treatment, and there are so many cases in which operations are performed, but at such a late stage that they result unsuccessfully. Of course in all cases of recovery without an operation, doubt exists as to the correctness of the diagnosis. In post-mortem examinations of patients dying of other causes, we find in many cases evidence of former appendicitis, showing that cases do recover without operations.

A horror of opening the abdomen exists among general practitioners, and this often is the cause of fatal delay in suspected cases; they are prone to let cases run on in the hope of the formation of a circumscribed abscess, it being much easier to open this, than to operate for the removal of the appendix. It is curious how some cases get well; the lumen of the intestine must be larger in some cases so as to allow drainage to take place from the appendix.

He thinks it a mistake to give a cathartic after diagnosis has been made.

Dr. Morgan spoke of operations about the abdomen; gunshot wounds, appendicitis, perforation of bowels from typhoid fever, all present sufficient cause to warrant opening the abdomen.

Dr. Snyder cited a case of a female who had a tumor in the abdomen. She had a temperature of 104° when taken to the hospital. She was subjected to operation for appendicitis, but after a long search the appendix could not be found. The cavity was cleansed and packed with iodoform gauze; patient made a good recovery.

The same patient some time afterward presented herself for examination, and a hernia was found to exist as a result of the operation.

The cicatrix was taken out and the hernia cured at the same time. The patient was three months pregnant when this last operation was performed. In the first operation, union seemed to be perfect.

Dr. Mussey had watched many cases in the dissecting room, but he had come across no cases in which appendicitis had apparently existed and recovered without any operation. In most of the cases of operation that he had witnessed the appendix had been perforated and sloughed. He had seen a case of hernia in which an operation was done and the hernia proved to be the vermiform appendix.

Dr. Deale said that while there were quite a number of cases referred to the surgeon too late, still we never hear of the number of cases referred to the surgeon in which a wrong diagnosis is made.

He knew of two important cases in which such a mistake was made. In a person who has had a recurrence of the disease six times he would not advise an operation.

Dr. Clark said that it is unfortunate that the laity had such preconceived ideas on this subject, due to newspaper comment, in the spirit of raillery. He cited several cases of appendicitis in which delay in performing the operation was followed by bad results.

Massage, in his opinion, would be very injurious in even suspected cases, tending rather to aggravate than ameliorate the inflamed condition, by such manipulation; rupture might be produced.

Sulphate of magnesia in very early stages of this disease is good, but after adhesions may have formed it will prove very dangerous.

Dr. Sprigg suggested a condition that would cause some uncertainty as to the proper means to pursue; that is, the occurrence of appendicitis during typhoid fever. Would an operation be feasible at such a time? Such a complication occurred in his practice. Ice packing was used; the patient luckily recovered.

Dr. Leech, in closing, said that salines were good in peritoneal inflammation, and he did not hesitate to use them in the early stages of appendicitis. Hernia is one of the dangers following cases in which an operation is done late.

RAYMOND T. HOLDEN, M. D.,
Secretary.

MEDICAL PROGRESS.

URETHRITIS POSTERIOR.—In writing on posterior urethritis and the diagnostic value of the modified Thompson test, Dr. Hermann Goldenberg concludes in the *Journal of Cutaneous and Genito-Urinary Diseases* that:

1. Urethritis posterior is no *complication* of gonorrhea but a *physiopathological extension* which is to be found in eighty to eighty-five per cent. of all cases.

2. An affection of the posterior urethra before the third week is not caused by instrumental or therapeutic manipulations, or dyscrasias. It is, as Rona says, "the natural outcome of the progressive nature of blenorrhea which spreads as long as the soil is favorable for propagation."

* * *

STRONTIUM SALICYLATE.—A thorough trial of a new drug by a recognized authority on materia medica and therapeutics is worth more than a passing notice, therefore Dr. H. C. Wood's article on strontium salicylate in the *University Medical Magazine* shows the special indications for that drug. The results of his trials show that in doses of 5 to 10 grains, given after meals, the salt very commonly improves digestion, and in the dose of five grains an hour after meals, in flatulent dyspepsia and various conditions of tendency to fermentative changes in the alimentary canal, it is a useful intestinal antiseptic, which has seemed to give better results than do salol, naphthol, or other of the older intestinal antiseptic remedies. It does not produce cinchonism as readily as do the older salicylates, but it is entirely capable of causing a pronounced degree of

cinchonism. He has not been able to test it in acute articular rheumatism, but it would probably be less efficacious than the ammonium salicylate. In muscular or subacute rheumatism as well as in chronic gouty conditions with a tendency to digestive disturbance, he has found it to be a very valuable remedy, exerting the action of the salicylate upon the diathesis, and improving instead of injuring the digestion. It may be given in solution, but is best administered in capsules; a five grain capsule is of moderate size, and of these two or more may be taken at once. It is probable that it would be well administered in compressed tablets. The taste of this salt is similar to but distinctly less offensive than that of the ordinary salicylates, so that if preferred it may be given in weak solution.

* * *

THE COLD BATH IN PUERPERAL SEPTICEMIA.—Macé (*British Medical Journal*) strongly advocates this treatment. He has collected 74 cases. They include 7 deaths—3 from peritonitis, 1 from pyemia, 1 from exhaustion after a long shoulder-presentation labor, and 2 from severity of the infection; the baths were given with too much timidity. The cold bath is contra-indicated when peritonitis, phlegmon of the broad ligaments, or phlegmasia dolens exists. It has proved successful when grave maladies, such as measles, erysipelas, eclampsia or bronchitis have complicated the puerperal infection. The obstetrician must not delay treatment when high temperature and general constitutional disturbance have set in. First of all, he must make sure that the uterus is free from products of conception. Then, should the temperature rise over 101°, the bath must be used. It is often of value when the temperature is lower, the patient already suffering from headache and hot skin. The bath should be a little over 75° F., as a rule. Macé insists that it is right to leave the patient in until she shivers, especially when hyperpyrexia is the most marked symptom. In other respects the same precautions are needed as in typhoid fever. Subcutaneous injections of caffeine or sparteine should be given before the bath when symptoms are severe, so as to counteract the tendency to syncope.

* * *

THE RACIAL FACTOR IN PATHOLOGY. — The influence of race as it affects predisposition to certain diseases or immunity therefrom, says the *Lancet*, is still very imperfectly understood. It is generally believed that the negro races show a special proclivity to tuberculosis and cholera, and they are also particularly liable to tetanus. On the other hand, they enjoy comparative immunity from cancer, malaria and yellow fever, and are seldom attacked by diphtheria or dysentery. The yellow races are very prone to ophthalmia and myopia, and insanity is said to be relatively more common among them than among other races; on the other hand, they show greater proclivity than the black races to tetanus, while they are more subject to tuberculosis and cholera than white races. Among white races and Europeans, M. Bordier, who has recently studied the subject, points out that almost the only observations recorded relate to the Jewish race, which exhibits a special predisposition to diabetes and nervous disease, while, on the other hand, it appears to enjoy some measure of immunity from croup.

* * *

HINTS FOR PRACTITIONERS. — The following "tips" are suggested by Dr. Cocksedge of Wales in the *Medical Record:* If you have a fatiguingly deaf patient to talk to, place the ear-pieces of your binaural stethoscope in the patient's ears, and talk into the chest-piece, and you have an excellent ear-trumpet. If you leave your spectacles at home, being old and apresbyopic, make a hole with a pin in the corner of your visiting card, and you can read your clinical thermometer or anything else.

* * *

NORMAL PREGNANCY AFTER ABDOMINAL HYSTEROPEXY. — Fraipont (*British Medical Journal*) reports cases where pregnancy and labor were practically normal though the uterus of each pa-

tient had been fixed to the abdominal walls. In two of the cases the hysteropexy had been performed over five years before the pregnancy occurred, and although the bands of adhesions between the fundus and the parietes must have become very tough after so long a period, no special difficulty was encountered. In two of the cases the forceps was used, but not on account of uterine inertia; the fetal head was voluminous, and in one of the two cases internal rotation was delayed. The placenta was always expelled easily, and no serious *post-partum* hemorrhage occurred. Fraipont observed the progress of pregnancy in several of these cases. The uterus does not increase specially in its posterior part, but quite uniformly, so that, as might be expected, the fundus gradually detaches itself from the abdominal wound. Even if the adhesions were not broken down, they would of necessity be so stretched as to be useless for their original purpose after delivery. Bands of adhesion could not share in the process of involution. As, however, the uterus undergoes perfect involution, it is restored to its original condition before the onset of the disease which rendered hysteropexy necessary.

* * *

Symphysiotomy. — As compared with Cesarean section, symphysiotomy is considered a simpler, safer and more easily executed operation. It gives a much lower death rate than Cesarean section. Dr. W. Winterberg reports a successful case of symphysiotomy in the *Medical News* and after a critical review of the literature together with a careful study of his own case, he concludes as follows :

1. Symphysiotomy is indicated in flat pelves with a conjugate of 67 to 88 m.m.; in funnel-shaped pelves with a transverse diameter of pelvic outlet of 88 m.m. or less; in cases of dystocia caused by tumors in the pelvic cavity; in cases of abnormal size of the fetus, but with normal pelvis; and that it finds a useful application in the removal of tumors of the bladder and pelvis, provided the age of the patient does not present a contra-indication; but in those cases in which prophylactic podalic version is still possible, this ought to be preferred to symphysiotomy, even in a pelvis with a conjugate of not more than 8 centimeters.

2. It should replace Cesarean section and embryotomy whenever these are indicated within the lower limit of contraction.

3. The results are favorable to mother and child.

4. The operation is easily performed. Besides an obstetric outfit all that is needed is a surgical pocket-case.

5. It can very well be done outside of maternity hospitals. The after-treatment offers some difficulties in private houses.

6. Although comparatively safe, the operation may, in the hands of the inexperienced, be followed by serious accidents; it therefore ought not to be done lightly without an imperative indication.

7. As it is an operation of urgency, like tracheotomy, every physician should be able and ready to perform it.

* * *

Adonis Vernalis and Bromide in Epilepsy. — Bechterew (*British Medical Journal*) refers to the fact that in comparatively few cases of epilepsy are the fits totally suppressed when bromides are given alone; usually the fits are merely diminished in frequency and severity. Having determined experimentally that during an epileptic fit there is active cerebral hyperemia, he concluded that a drug possessing vasoconstrictor action might be usefully combined with the bromide. He accordingly selected adonis vernalis, preferring it to digitalis because of the cumulative property of the latter. After using the combination for several years he now states that it not infrequently at once arrests the fits; in all the cases thus treated by him he has observed beneficial effect. The addition of codeine to the above combination has proved useful in his hands. The author illustrates his paper with clinical details of two cases; in neither of them, however, is the recorded period of freedom from fits after commencement of the treatment sufficiently long to permit of very definite conclusions being drawn.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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SEE PUBLISHERS' DEPARTMENT, PAGE 294.

BALTIMORE, FEBRUARY 2, 1895.

Alcohol and Pneumonia.

It is a well known clinical fact that those addicted to the use of alcohol fare very badly when attacked by pneumonia. Indeed, the mortality among drinkers is very high in every disease, but is especially marked in pneumonia. Dr. Julius Pohlman was struck by this fact and in order to test it performed a number of experiments on dogs the results of which experiments he has recorded in the *Medical News*.

Pneumonia is considered by the best authorities as an infectious disease, and from its organisms there is supposed to spread through the system a toxine, called pneumotoxine, against which weak bodies struggle with great difficulty or in vain. The disease is more than a mere congestion of the lungs. Dr. Pohlman, in his experiments, took some strong and lusty dogs and injected into the trachea, just below the larynx of each one, some pure alcohol and noted the effects.

His work seems to have been done rather unscientifically, but his conclusions agree with clinical experience, although of much less value. However, his work will give the anti-vivisectionists something to talk about.

His theory is that if to a congestion of the lungs brought on by alcohol a pneumonia be added, the individual stands little chance of recovering.

While the study of the blood serum in pneumonia has not advanced quite as far and to such practical results as in diphtheria, still it is pretty well agreed that during an attack of acute lobar pneumonia there is in circulation in the blood a certain substance which may be called pneumotoxine, which in fatal cases causes death, being disseminated all through the body with the blood, while the organisms as a rule, in simple cases, stay in the lungs. In cases that recover from pneumonia, there is noticed at the time of the crisis and after, that there is a disappearance of pneumotoxine from the blood and there is found an antidote to it which has been called antipneumotoxine and experiments with this antipneumotoxine, from a convalescent patient injected subcutaneously into one very ill with pneumonia have shown that the serum in this stage has some curative properties.

This is the result of theory, but the work has not yet been brought to perfection. It would be interesting to examine the blood and blood serum in alcoholics as well as in persons ill with pneumonia, to see what effects the injection of antipneumotoxic blood would have.

***

Permanent Home for the Faculty.

The Committee on Permanent Location for the Faculty and Medical Library is taking active steps towards the completion of its work. In line with suggestions made in the JOURNAL recently, it is now proposed to form a stock company of all members of the State Society who are willing to take stock; then to incorporate according to the laws of Maryland, elect officers, solicit stock from members of the Faculty only, and when sufficient money has been raised, to buy and furnish a building which shall be rented to the Faculty at no greater price than it pays now, and with the advantage that it will be a permanent home, will be centrally situated and will not only be more cheerful and club-like than the present building, but will be a safe repository for the valuable books and papers in the possession of the Faculty.

The plans are not quite ripe yet, but one marked feature of the whole undertaking is that it is not by begging or by donations that this project will be carried out, but by strictly business principles, all croakers and wiseacres to the contrary. One member has already made a liberal offer to take a large number of shares and there is no doubt that a properly managed corporation could easily pay four per cent. on such an investment.

Not many years ago when it was proposed to obtain a permanent home, several generous physicians offered to give outright a thousand dollars or more apiece. Donations and legacies are always welcome and the days of sentiment have not passed, it is to be hoped; but when times are hard and demands frequent, it is much more sensible to conduct a project of this kind on a strictly business basis. Further details of this plan will be made public from time to time and when stock is to be solicited, no member of the Faculty will be forgotten.

* * *

Priority of Discovery.

In any remarkable discovery or invention, there is often a dispute either among the discoverers themselves or their advocates as to the priority of the discovery and who should have the right of glory. This has been the case so often that there must be more than a mere chance at work. For years the discovery of ether as an anesthetic has been claimed by the adherents of the different men whose names are most intimately associated with it.

Even with the discovery of the antitoxine of diphtheria there has been some question as to who has the priority and a few bitter words have passed, although on the whole the scientists who were interested in this were very generous to each other.

Disputes have so often arisen in these matters in part because it so often happens that the inventor is not always the one who applies the invention or discovery and when so many men the world over are all working in the same general direction and publishing from time to time the results of their work, it must occur very often that two or more of them arrive at the same point about the same time. The telephone was invented many years ago in Germany, but it took the practical genius of an American to look up this invention and put it to some use.

Of late the departments of pathology, bacteriology and therapeutics, much to the surprise of some cavillers, have been brought very close together and practical results of laboratory work are beginning to be seen and appreciated. Therefore, it would be very surprising if men working in great institutions of learning even far apart from each other should not occasionally arrive at the same conclusions, and all concerned should be willing to share the glory and honor without dispute as benefactors of the human race.

In this connection it is interesting to recall the attempts made in former times to find out an effective means of treating diphtheria or croup, as at one time and even very recently the two diseases were not sufficiently differentiated. Napoleon's eldest boy was attacked with croup, so history says, and it was probably diphtheria. Napoleon heard of it just before an important battle and was so much affected that he at once commanded that a prize be offered for the best essay on croup. The prize offered was 12,000 francs, or $2400. Eighty-three essays were submitted and the two which divided the first prize have been recently examined and the ignorance shown in the knowledge of that disease is said to be deplorable.

* * *

The Medical Society and the Banquet.

Reference was made in these columns to the threatened decline of the medical society in Baltimore and some defects were noted with suggestions for the remedies. One point was omitted which doubtless tends to keep some of the societies in a state of coherence, and that was the banquet. Of late notices have appeared in the daily papers that a medical society had held its annual meeting and banquet with a phenomenal attendance.

Some societies have such long drawn out sessions that food is necessary to keep up strength to the end. The old Baltimore Academy of Medicine, which really did very good work in its day, used to meet around at members' houses where, according to the rules, refreshments, restricted in variety and kind, were offered those attending. As soon as this feature of the meeting was abolished the society rapidly yielded up the ghost.

From these facts it looks very much as if a medical society without an occasional social feature would stand a poor chance.

MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending January 26, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		20
Phthisis Pulmonalis		16
Measles	14	
Whooping-Cough	1	1
Pseudo-membranous Croup and Diphtheria	14	6
Mumps	3	
Scarlet fever	29	4
Varioloid		
Varicella	1	
Typhoid fever		3

Dr. F. C. Zeller has removed his office from 2112 East Fayette Street to 1826 East Baltimore Street.

New York is endeavoring to pass a law compelling all hospitals over two stories high to have suitable fire escapes.

The Municipal Council of Paris has decided to change the name of the *Rue d'Ulm* to Rue Pasteur, in honor of the distinguished scientist.

In France there is said to be a law against giving infants under one year of age solid food unless formally prescribed by the physician.

A correspondent to an exchange says that the number of students in foreign laboratories has fallen off very materially in the past ten years, due, he thinks, to the improved facilities in this country.

It is proposed to erect a statue to the late Professor von Helmholtz. *Nature* states that the German Emperor has offered to head a subscription list for that purpose with a donation of 10,000 marks ($2500).

At the twenty-third annual meeting and banquet of the Medical and Surgical Society of Baltimore held a few days ago, the following officers for 1895 were elected: President, Dr. J. William Funck; First Vice-President, Dr. R. G. Davis; Second Vice-President, Dr. Harry Friedenwald; Corresponding Secretary, Dr. J. B. Saunders; Recording and Reporting Secretary, Dr. W. T. Watson; Treasurer, Dr. A. T. Shertzer; Executive Committee, Drs. J. W. Chambers, J. B. Schwatka and M. B. Billingslea; Committee of Honor, Drs. J. D. Blake, J. T. Spicknall and S. J. Belt; Committee on Lectures and Discussions, Drs. David Streett, D. W. Cathell and W. S. Gardner.

The American Neurological Association offers a prize of $200 for the best essay on any subject connected with neurological science. This competition is open to physicians who are legal residents of States in North and South America. Essays must be sent to the Secretary of the Association on or before May 10, 1895. Each essay shall be accompanied by a sealed envelope containing the name and address of the author, and bearing on the outside a motto, which shall also be inscribed upon the essay. Essays shall be type-written, in either the English or French languages, and with the pages securely fastened. The Council of the Association reserves the right to reject any or all essays judged unworthy of the award. Each essay must exhibit original research, and none will be accepted that has previously been published. Graeme M. Hammond, M. D., Secretary, 58 West Forty-fifth Street, New York City.

In the death of Dr. Alfred L. Loomis, the medical profession in this country has lost a leader. While not a man of modern scientific attainments, he was still an acute observer and one who had risen to great eminence by his own exertions. He was born in 1831 and was graduated from the College of Physicians and Surgeons of New York in 1853. Dr. Loomis had been connected with various medical colleges and hospitals in his city and occupied at different times almost every position of trust and honor in his profession in New York. He was the means of starting Dr. Trudeau in his excellent work in the Adirondacks and his establishment of the Loomis Laboratory with the money just left in his will shows what he thought of laboratory investigation. Dr. Loomis was a steady contributor to medical literature and his books on the practice of medicine and on physical diagnosis had large sales. He was not only a successful physician but also a good business man and the amount of money which he left shows how good his judgment was in investments. His loss will be greatly felt in New York.

WASHINGTON NOTES.

The regular meeting of the Medical Society of the District of Columbia was held on Wednesday night, the President, Dr. S. C. Busey, in the chair.

Dr. Chappell reported a Case of Hydrophobia, which was discussed by Dr. Reed of the Army Medical Museum.

Dr. McCormick read a paper on Ainhum, a disease in which there is sloughing of the ends of the fingers from contraction (excessive) of the flexor tendons. The author claimed that the disease was peculiar to the negro race, but Dr. W. S. Bowen stated that he had seen two cases in white persons, who were not in any way related to each other.

Dr. S. S. Adams presented a patient suffering from Pemphigus.

The Library Committee reported to the Senate a resolution permitting a bronze statue to be erected in public grounds in honor of Dr. Samuel D. Gross and appropriated $1500 for preparation of the site.

The report from the Health Department for last week shows a better condition of the health of the city than for some time. There was almost total absence of dangerous contagious diseases in the city. There were no deaths from smallpox, diphtheria, scarlet fever nor whooping cough and but one fatal case of typhoid fever. The annual death rate was four below the normal and 3.20 below the same period in the last published report.

PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending January 28, 1895.

The extension of leave of absence on account of sickness, granted First Lieutenant Henry R. Stiles, Assistant Surgeon, is still further extended two months on surgeon's certificate of disability.

Leave of absence for twenty-one days, to take effect upon being relieved from duty at Fort Warren, Massachusetts, is granted Captain Edward R. Morris, Assistant Surgeon.

First Lieutenant Ashton B. Heyl, Assistant Surgeon, is relieved from duty at Columbus Barracks, Ohio, and ordered to Fort Thomas, Kentucky, for duty.

CURRENT EDITORIAL COMMENT.

MEDICINE, A TRADE OR PROFESSION.

The Philadelphia Polyclinic.

The physician is compelled to charge and collect fees in order to meet his expenses, but his sole consideration in regard to a case of sickness ought not for that reason to be the fee. There is the human aspect, in the contemplation of suffering and in the exercise of power to prevent and relieve suffering; and there is the scientific aspect, in the contemplation of a problem in pathology or therapeutics and in the exercise of power in the endeavor to solve the problem, or to gather data toward its solution. Let the commercial aspect, the fee question, become paramount, and humanity and science must both suffer.

WHO OWNS THE PRESCRIPTION?

The Canada Medical Record.

Every physician can recall at least a score of cases in which the patient has tried the drug store first before consulting the physician. In justice to the druggists, it must be said that the public tempt them to do this thing, in some cases the latter being astonished and angry because the druggist refuses to treat them or repeat their prescriptions. If the doctor does not care to give his own medicine, he might arrange to send his prescriptions to those druggists who would bind themselves not to repeat or give copies of prescriptions. We have no doubt that some arrangement could be made by which the evil might be overcome.

PATHOLOGICAL ALTRUISM.

Medical Record.

The spirit of humanitarianism, which we are told by Mr. Benjamin Kidd is the dominant and saving character of modern social life, shows itself in fantastic as well as in serious and well-directed efforts. The care of the poor, the preservation of health, the prevention of disease, the establishment of homes, workhouses, hospitals and asylums are all indications of social progress and a genuinely humane spirit. But along with this there are certain pathological manifestations of humanitarianism which often do much evil and always cause much distress to intelligent minds. Such efforts are shown in anti-vaccination societies, anti-vivisection societies and intemperate advocates and enforcers of an impossible abstinence from poverty, alcohol, tobacco, Sunday newspapers, corsets, etc.

PUBLISHERS' DEPARTMENT.

All letters containing business communications, or referring to the publication, subscription, or advertising department of this Journal, should be addressed as undersigned.

The safest mode of remittance is by bank check or postal money order, drawn to the order of the *Maryland Medical Journal*; or by Registered letter. The receipt of all money is immediately acknowledged.

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TO PRACTITIONERS OF MEDICINE.

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NOTES.

IODIA is excellent in scrofulous conditions.

*

ERGOTOLE is an efficient preparation of ergot.

*

CODEINE is preferable to morphia for the relief of tickling coughs.

*

THE syrup of the hypophosphites is one of the best general tonics known.

*

CREOSOTE is of little advantage when the cough is dry and the expectoration scant.

*

IN chronic dyspepsia with diarrhea immediately after eating, arsenic is an excellent remedy.

*

A GARGLE of Listerine, with a few drops of carbolic acid, will often give more relief than a cough mixture.

*

INTRA-PERITONEAL saline injections will prevent collapse in post-partum hemorrhage when other remedies fail.

*

TWO new disinfecting astringents claim attention; one is boral or aluminum borotartrate and the other is cutol or aluminum borotannate.

*

MURIATIC acid, one ounce to the pint of water, gives great relief when applied to the anal region in hemorrhoids when the tumors are very tender and there is burning.

READING NOTICES.

PASTEURINE combines the antiseptic power of Ceylon cinnamon oil or essence, devoid of its irritating properties, and has in addition the germicidal properties of citric acid, eucalyptus and gaultheria in such an artistic and scientific combination as to produce a decidedly elegant preparation with very effectual antiseptic powers.

*

SUCCUS ALTERANS IN ENGLAND.—Dr. William Richard Goodfellow, M. R. C. S., Roche, Cornwall, England, L. S. A. (*London Hospital, Surgeon Roche and St. Anstell United Mines*), says: "I have used in practice the preparation known as Succus Alterans, and have much pleasure in bearing testimony to its great value. For diseases having their origin in a syphilitic source, I believe Succus Alterans to be the one reliable specific, for I may add that invariable success has been met with by me when prescribing the remedy in question, even after the failure of other alteratives. I shall continue to rely on the Succus Alterans in all cases I have indicated herein.—*Medical Reprints, London.*

*

THE largest manufactory of artificial limbs in the world is that of A. A. Marks, New York, which was established in 1853. This house has become so skillful in the production of artificial appliances that the loss of an arm or a leg need not seriously interfere with the occupation of the individual, "as it is not unusual to see a farmer working in the fields with an artificial leg, or a brakeman plying his brake on a fast-running train, or an engineer with hand on the throttle, or a fireman, carpenter, mason, miner, in fact men of every vocation, at labor in the full capacity of their employment, wearing one or two artificial legs with rubber feet, performing as much as men in possession of their natural members, earning the same wages, in fact, experiencing little or no inconvenience." The remarkable spectacle of a professional tight rope walker balancing in mid-air above the heads of the astonished throng, as was done by Professor Jacoby while wearing a Marks' artificial leg, is doubtless familiar to the readers of the JOURNAL through the illustrated advertisement which has appeared in these pages. In this issue is given the illustration of a blacksmith in the act of shoeing a horse while wearing an artificial leg attached three inches below the hip-joint.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXII.—No. 18. BALTIMORE, FEBRUARY 16, 1895. Whole No. 725

ORIGINAL ARTICLES.

ANTITOXINE TREATMENT OF DIPHTHERIA.

Stenographic Report of Remarks made at the Clinical Society of Maryland, January 18, 1895.

By L. F. Barker, M. D.,
Associate in Anatomy, Johns Hopkins University, Baltimore.

The antitoxine treatment is a final step in a long series of investigations. The principles underlying it are not new; the methods of immunization now in use are not unlike those used by Pasteur in his earlier work, to which he was undoubtedly stimulated by the success of Jenner's vaccination.

After it was found out that the symptoms and lesions in the infectious diseases were dependent in the main on the toxic products of bacteria, it was soon discovered that the chemical toxines formed by the bacteria were capable, when introduced in gradually increasing doses into animals, of giving rise to an artificial immunity almost as certainly as the inoculation of the virus itself. Those who were attacking the problems of immunity, that is to say, were endeavoring to discover what changes took place in the body of an individual during and after an infection, such as smallpox, which rendered him after thorough recovery practically insusceptible to a second attack, studied the fluids and tissues of the body, before, during and after an infection.

These investigations led to the formation of two schools: First, that which believes that the normal resistance offered against infection and the immunity acquired by one attack or by artificial means depend upon certain properties of the blood serum. Second, that which holds that the activity of the cells of the body accounts for the phenomena of both natural and acquired immunity.

Dr. Nuttall showed that the blood serum of an animal that had been immunized against anthrax, when injected into another animal, would kill more anthrax bacilli than the blood serum of a susceptible animal. Other investigators proved that the use of the blood serum from an immunized animal would, when introduced into another animal, protect it from infection with the same micro-organisms.

Then Behring and his assistants demonstrated that the injection of the blood serum of animals rendered artificially immune against diphtheria and tetanus would heal these infections, even after they were well started in other animals.

It was easier to understand how it would be possible to set up an artificial immunity against smallpox or typhoid fever, than against diseases like diphtheria or pneumonia, for the latter are diseases from which an individual may suffer more than once.

Immunity has to be looked upon as a relative term and we may speak of a temporary and of a permanent immunity. An animal into which the bacterial toxines are injected has to suffer a reaction before it becomes immune; a certain space of time must elapse before the antitoxines are formed. In the most suc-

cessful method of producing artificial immunity, one begins by injecting small quantities of the well-diluted poisons. One of the most difficult problems in applying the serum therapy to human beings lay in obtaining a serum, which contained the antitoxic substance in sufficient concentration, so that not too large quantities would have to be used for injection.

Larger animals than those usually experimented upon had to be employed and the horse has been for various reasons selected as most suitable. A small dose of diluted diphtheria toxines is at first injected into the region of the shoulder. The animal is somewhat disturbed and does not take its food as usual. After several days a second dose is administered, increasing doses producing less effect, until after a period of from four to six months, the horse is rendered immune and the antitoxic strength of its serum may have attained a high degree.

The serum is tested from time to time as to its antitoxic power and when sufficient concentration has been reached, the blood is drawn, the serum separated, standardized, and enclosed in flasks. Behring's so-called normal serum is of such a strength that one-tenth of one cubic centimeter of it will counteract, when injected with it into an animal, ten times the minimum amount of diphtheria poison which is fatal for a guinea-pig weighing three hundred grammes. One cubic centimeter of this normal serum is called an antitoxine unit. Serum No. 1 of Behring is sixty times as strong as this normal serum. Serum No. 2 one hundred times as strong, and serum No. 3 one hundred and forty times as strong.

In treating the disease, the earlier the antitoxine is given the better will be the result. Of the cases treated during the first two days, practically one hundred per cent. get well. At first too small doses were given, now not less than six hundred units (one flask of No. 1) are given as a beginning dose, and if the case be very severe or be seen late, as much as sixteen hundred units may be given immediately.

Within twenty-four hours after the injection, the pulse, as a rule, is slower, the temperature lowered, and the patient feels better in every way. If the cases are not seen until the third or fifth day, when the organs may already be seriously affected, it cannot be expected that the antitoxine will have such a beneficial effect; it can only counteract the poisons then present; it cannot repair the damage already done.

A few relapses have occurred after its use, and some deaths, but these were not, it is claimed, in cases treated from the beginning. Very gratifying statistics come from Germany and France; the mortality rate has been markedly lowered. The disease, Behring states, is now absolutely within the control of the physician. It was thought at first that one-tenth of the ordinary healing dose would suffice to protect those who had been exposed to the disease from contracting it. But it is now recommended that one hundred and fifty units be injected as a prophylactic or immunizing dose.

Some curious after-effects have followed its use, such as urticaria and erythematous eruptions, pains in the joints, sometimes accompanied by swelling, but in no instance were these symptoms of serious import. Laryngeal complications, it is stated, do not develop if the antitoxine has been used before they appear. It is claimed that tracheotomy is rarely necessary and that intubation will answer in those cases where the larynx is involved. The antitoxine is not to be looked upon as a direct chemical antidote, for it does not act against poison in the same manner that an acid neutralizes an alkali; for example, there is evidence in support of the view that the antitoxine acts indirectly by rendering the cells of the body capable of resisting the action of the toxines.

The antitoxine for one disease may act to some extent in increasing the resistance of the body cells against the toxines of different origin. For instance, while the blood serum of an animal rendered immune against snake poison has no antitoxic effect against

the toxine of tetanus, yet an animal which is immunized against tetanus yields a serum which combats the toxic effect of snake poison, and there are other facts adduced which shake our confidence in the specificity of antitoxines. There may be, to a certain extent, an over-lapping of the immunities.

Diphtheria offers, as Buchner has pointed out, a better opportunity for the study of the effects of a new remedy, than does tuberculosis; for while the former approaches more nearly to a typical infection, the latter is almost a typical intoxication. Again, while the tuberculosis runs a protracted course as a rule, and is subject to spontaneous exacerbations and ameliorations, diphtheria is an acute process terminating soon either in recovery or in death, and thus is a disease in which conclusions concerning the efficacy or futility of a given method of treatment may be speedily arrived at. Koch's tuberculin treatment differed from the antitoxine treatment of diphtheria in that in the former a glycerine extract of cultures of the tubercle bacillus were directly injected into the patient, there to set up a reaction which after a time was to lead to the formation of healing substances, while in the latter, the toxines of diphtheria bacilli are injected into an animal, the animal suffers the reaction and builds the healing substances, and these are transferred, ready-made, to the human being.

Should the new treatment of diphtheria prove to be as satisfactory as it promises, the outlook for the cure of infectious diseases in general is bright. We shall, however, be compelled to wait patiently until the bacteriologists, to whom all the credit of this new treatment is due, have perfected the arrangements for the application of the serum therapy to the other infectious diseases.

PERTUSSIS;

A SYNOPTICAL REVIEW OF THE BACTERIOLOGICAL AND THERAPEUTICAL LITERATURE OF THAT DISEASE.

By George Byrd Harrison, M. D. (University of Virginia),
Professor of Diseases of Children, Medical Department of Columbian University, Washington, D. C., Senior Physician to the Washington City Orphan Asylum. Attending Physician Central Dispensary and Emergency Hospital (Department of General Diseases), Etc.

(CONCLUDED FROM PAGE 299.)

WHOOPING cough comprises three elements; the infectious, the catarrhal, and the spasmodic. Each of these elements should receive the attention of the physician and each has its corresponding therapeutic indication.

Therapy of the infectious element. Quinine by the mouth and hypodermically vaunted by Campbell and Bing. Hubner employed it with twelve children. Sulphate and tannate of quinine, dose, one decigramme per year, and one centigramme per month, of the patient's age. As quinine fatigues the stomach the hydrochlorate or valerianate may be administered. Valerianate of quinine in full doses according to age. Infusion of valerian 100 grammes. That it be retained a simple lavement of water is administered a quarter of an hour before the medicine in order to empty the intestine.

Salicylate of soda. Recommended by Hubner, 50 centigrammes up to one year of age and one gramme at from one to four years of age. Beyond this age two grammes.

Resorcin. Recommended by Moncorvo (of Rio de Janeiro) who paints the orifice of the larynx with a 1 per cent. solution. Elliot C. Bedell, Assistant Surgeon I. M. S., Roorkee, in *The Indian Medical Record*, Calcutta, August 1, 1894, page 76, used this in four cases (℥i to ℥i). He applied it twice daily to the throat. He had used other remedies in the first two cases and used nothing but resorcin in the last two.

Carbolic acid. Internally by Sulkling, Macdonald and Simpson. Also by Ol-

tramare 1-120, ½ oz. three or four times daily. The former treated 240 cases with it in the form of a potion; none terminated fatally. It has been especially employed externally in powder or in solution by spraying.

Thyme, by Johnson and Neavins in the form of an infusion (10 grammes of thyme to 70 grains of water; daily dose 8 to 12 spoonfuls). This success is attributed by him to the antiseptic action of the thymol.

Thymol has been employed by Bouchert and by Poulet. Boric acid has been recommended by Halloway. Nasal insufflation of 15 centigrammes, every three hours. Twenty-four patients treated and cured by this method varying from fourteen days to three weeks. Two had pneumonia. Benzoin is one of the best.

Peroxide of hydrogen. W. C. Hollopeter, A. M., M. D., Professor of Diseases of Children in Medico-Chirurgical College, Philadelphia, in a paper read before the Pennsylvania State Medical Society, May 18, 1894, entitled "Therapeutic Notes on Whooping Cough" and which appears in *The Therapeutic Gazette* for October 15, 1894, page 658, says during the last 5 years, he has had under his control upward of 200 cases and has found this remedy most efficient in the catarrhal stage in sterilizing the naso-pharynx. He orders $H_2 O_2$ and pure glycerine, equal parts; this was well diluted and thoroughly sprayed through the naso-pharynx every four hours.

Hydrotherapy. In "Der Kinder-Arzt," Worms, for November 1893, page 161, Dr. J. Bergmann, Worms, in an article entitled "Für Therapie des Keuchhustens," claims to have treated four cases by baths night and morning for fifteen or twenty minutes at a temperature of 29° R. (97¼° F.), after the bath three to four pints of water at a temperature of 15° R. (65¾° F.) to be passed over the neck, the chest and back, to be placed in a linen cover and this covered with a woolen blanket, by no means to be rubbed, as this brings on a paroxysm.

As for internal medication, belladonna is one of those best and longest known and most widely used. One minim $\frac{1}{60}$ for each year of the child's life three or four times daily, of the tincture. Hollopeter pushes it until he gets the full toxic effects, when he is generally rewarded with less of the suggestive characteristics of the cough. He gives a one drop dose for every month of the child's life, rapidly ascending doses until toxic effects are reached, after which gradually increasing doses as tolerance of the drug seems to be established. In very young children he has obtained good results from the use of a freshly prepared belladonna plaster placed between the scapulae. The physiological action of the drug seems to be more constantly maintained; this may be changed at the end of a week. In a number of very troublesome cases in young children he has gained decided advantage by an application of a two per cent. cocaine solution directly applied to the naso-pharynx.

Alum is sometimes of distinct benefit, especially when the abundance of the secretion appears to be the cause of frequent paroxysms. Dose two grains every three or four hours at two years of age. It may be combined with belladonna to advantage.

Chloral is often used to produce sleep at night. Two to four grains at bed-time to a child two years old. There is some evidence that, administered at intervals during the day, it exerts also a direct influence upon the course of the disease. Its power of depression must not be forgotten. It was employed methodically by Joffroy at the Hospital for Sick Children. Dr. Koplik calls attention to the severe strain the heart is subjected to in many cases. To counteract this the use of digitalis is indicated with the ordinary remedies, as soon as needed. Swellings about the face and eyes are important symptoms to note.

Opium should be reserved for the severest cases. Bromide of potash lessens nervous irritability. Dose two to five grains at two years and it may be combined with belladonna.

Cannabis indica has been much used and is probably one of the most reliable means of treatment. Asafetida is still a favorite with many. Ouabaine has been highly recommended. Dose $\frac{1}{1000}$

of a grain every three hours at five years. It is a powerful respiratory paralyzer. Antipyrine was first recommended by Sonnenberger. The initial dose should be small and gradually increased until a child two years old receives one or two grains, or even more, every three hours. Hollopeter finds it, in combination with belladonna, better than either alone. Bromoform was first recommended by Stepp in 1887. Dose two to four drops three or four times daily at two years. It appears to be rather disappointing to a number of observers. The odor of carbolic acid then permeates the sick-room. Thymol, eucalyptol and turpentine may be vaporized in the same way, also creoline and cresoline.

Remarkable results have been reported from the fumigation of the sick-room by burning sulphur. The child is to be washed in the morning, dressed in clean clothes, and placed in another room. The night room is in the meantime thoroughly fumigated with the sulphurous vapor, closed during five hours and then aired. The patient sleeps in the room at night. A single employment of this procedure has been effective in some cases. The use of the constant electric current has been advocated by some clinicians. The routine administration of emetics, once a popular procedure, is no longer in favor.

Hollopeter says in conclusion, I wish to invite professional attention to three very important factors in the treatment of whooping cough :

1. The early recognition of the disease before the spasmodic stage, suggested by puffiness under the eyes. Then hydrogen peroxide or cocaine applied locally. In very young children this treatment is sometimes abortive.

2. The use of belladonna pushed to toxic effects is very valuable.

3. Out-door life (seashore the best), if the foregoing are not effective.

Medicinische Bibliothek Für Praktische Aerzte 16–18, Anleitung zur Hydropathischen Behandlung der Acuten Infections-Krankheiten, von Sanitätsrath Dr. Barwinski, who quotes A. Bum, Krüche, Tripier and Bouveret, Emmel and Münde, as using hydrotherapy in whooping cough.

Krüche uses ten minute baths of 37°C. (98.6° F.) on the first day and the pouring over the back water at a temperature of 18°C. (64.4° F.)—second and third day cold, wet frictions of the chest twice daily — these gymnastics were continued fifteen days. That through these attacks (in about 30 of which he observed) symptoms were relieved, intensity and duration shortened.

Tripier and Bouveret say that Roudet wrote that he was called to an 18 months' old female child in Couzon — the child had no teeth — it looked pale and ill. It's digestion had been bad for a number of days; slight diarrhea and restless; slight cough; on auscultation scattered sonorous rales. Temperature ran over 41° C. (105.8° F.). Without a positive diagnosis, he ordered baths for the fever, which presumably had existed two days.

The child received a five minute bath every six hours at a temperature of 35° C. (95° F.). After the sixth bath the temperature fell and never rose above 37° C. (98.6° F.); the child became cheerful and the rales did not increase. But the cough became stronger and more frequent and took on more and more the character of whooping cough. There were five to six paroxysms of coughing daily accompanied by vomiting; later the attacks were more frequent. After eight days they became less and less. The whooping cough did not last after this and the child became rapidly well.

Emmel. On the first and second day, when the diagnosis is uncertain and the catarrh first begins, he has them washed or rubbed down in the morning and midday with water at a temperature of 15°-20°C. (59° to 68°F.); cold water poultice to abdomen. For fever a wet pack.

The higher the fever the oftener the wet sheet packing. A half bath from 20° to 25° C. (68° to 77.4° F.) with wet friction to the back. Also water poured on the back. Small children to be washed after the pack. At night a warm bandage over the back or abdomen; keep the feet warm.

After the fever, baths in bed from 25° to 30° C. (77° to 86° F.) with strong friction of water to the back and chest and cooler water poured upon same. Later cold washing with strong rubbing on

the back and along the vertebral column. He claims to cure in three weeks.

Münde squirts water cold on the face, rubs the chest and back with wet hands or cloths at the beginning of the attack. He never has complications.

Beltz (Jahrbuch f. Kinderheilkunde, xxxii) where there is more or less nasal catarrh finds that insufflation of nitrate of silver solutions daily or on alternate days lessens the number or intensity and duration of the paroxysms of whooping cough.

F. Schilling (*L' Union Médicale*, August 15, 1891, p. 238) uses inhalations of chloroform four times daily. The strength used depends on the age of the child. He used it on 62 children, some of whom were only 10 to 12 weeks old.

Dr. J. M. Bravo (*Revista Médicale de Chile*, No. 7, 1891, and *British Medical Journal*, October 17, 1891) uses the oil distilled from the needles of the cypress tree, by dropping some of it on the child's clothes near the neck, or at night on the bed pillow, so that the child breathes an air constantly impregnated with the volatile principle.

Dr. W. Robertson (*Lancet*, Vol. II, p. 289, 1891) recommends two minims of benzol in mucilage for a child of six months old and five minims in mucilage or sugar, or in capsule for adults; he finds it more useful than any other method of treatment, as was stated some years ago in the *Practitioner*.

T. Schippers (*Nederlandsch. Tijdschrift voor Genuskunde*, August. 29, 1891, and *Deutsche Medicinische Wochenschrift*, Nos. 31 and 44, 1889) and Lowenthale (*Berliner Klinische Wochenschrift*, July, 1890) speak highly of bromoform, used also by Stepp, Cassel and Ullman. The two latter say it diminishes the severity of the paroxysms only.

Ivanoff (*Vratch*, 1891, No. 48, p. 1094) reports excellent results from naphthaline fumes inhaled continuously, day and night. A small linen bag containing this drug is suspended round the child's neck, or the substance is rubbed into the child's clothes. The powder should also be freely sprinkled over the floor of the sick-room. In severe cases, the author recommends that bromides should be taken internally.

Cassel and Ullman (Jahrbuch f. Kinderheilkunde, xxxvi, 483). Theodori (ibid) obtained good results with bromoform combined with antipyrine, if there was fever, and extract of hyoscyamus. Burton Fanning (*Practitioner*, Vol. I, 1893) used it in 30 cases, with uniformly good results. Duncan (*Archives of Pediatrics*, November, 1892) also speaks well of it. Seibert used it with inconstant results, but speaks well of fresh air.

In a discussion which took place at the meeting of the American Pediatric Society in May (*Archives of Pediatrics*, October, 1893) a large number of remedies was mentioned by the various speakers but those on which most reliance appeared to be placed were belladonna, quinine and antipyrine. To obtain the sedative action of the last-named drug, a sufficient dose must be given. Holt begins by giving to an infant of six months six grains a day and increases the dose to seven or eight grains. (A useful rule is a grain every four hours for each year of life up to five years.) Do not forget it closes the kidney and if there is fever it will be wise not to use it.

Unruh (Jahrbuch für Kinderheilkunde, xxxvi, p. 170, 1893) who esteems antipyrine above any other sedative drug he has tried, gives a teaspoonful of a three to five per cent. solution every three or four hours. He has never seen toxic symptoms produced.

Winters, in the discussion above mentioned, said that he found codeine the most satisfactory drug; he gives a child of 2 years $\frac{1}{12}$ of a grain every eight hours.

As to belladonna, Jacobi (ibid, June, 1893) attaches much importance to the manner of giving the drug; the first sign, he says, "of an incipient overdose" is, in the adult, dilatation of the pupils; but in the child a peculiar erythematous flush of the cheeks, which may be noticed fifteen to thirty minutes after the dose has been given. This effect, he holds, must be produced at every dose, as otherwise belladonna will have no effect on the pertussis. To a child of 6 years he gives ten drops of the tincture of belladonna three times a day to begin with; and if the flushing is not produced, or if, as usually happens,

it is produced after the first few doses, and then ceases, he increases the dose until the flushing is noticed. The importance of diminishing the number and severity of the paroxysms is obvious, since all the complications are either determined or favored by them; hence the value of sedative treatment, even though it does not tend to cut short the disease.

Schwartz (Jahrbuch f. Kinderheilkunde, xxxvi, 482) reports extraordinary success by the use of insufflations of the following powder: Charcoal, sulphur, myrobolan (under the name of "Coelyt" from the firm of Trömsdorff in Erfurt). It appears to be merely an astringent, and is said to be used in tanning, and sodic sozoiodolate equal parts. One insufflation of four grains and a half to five grains was given daily. All his cases, 57, got well in from three to six days, improvement being shown from the first insufflation. This was in Constantinople; but results almost equally good were got subsequently in the clinics of P. Guttmann in Berlin and Monti in Vienna.

D'Heilly (Pratique des Maladies des Enfants dans les Hopitaux des Paris, 1893) also relies on insufflations. The powder he uses consists of salicylate of bismuth five parts, benzoin five parts, sulphate of quinine one part. The insufflation is repeated five times a day. The result in some cases was satisfactory. Moizard (ibid) used nasal insufflations of the same powder. Marfan also directs his medication to the nose but prefers to apply the remedy in the form of ointment; boric acid six parts, menthol five parts, vaseline thirty parts. After cleansing the nostrils, a piece of this ointment the size of a pea is introduced into each three or four times a day. At the same time he directs antipyrine after each meal, and balsams to be evaporated in the room in which the child lives.

Talamon (*Médecine Moderne*, July 24, 1890) gives terpine in doses of ten to fifteen grains daily for adults, and corresponding doses for children.

M. Sevestre has used tincture of drosera with good results. (This to my knowledge is a remedy used by homeopaths.)

Dr. J. P. C. Griffith states that the methods of local treatment of pertussis which have the strongest testimony in their favor are inhalations of volatilized carbolic acid, insufflations, either nasal or laryngeal, quinine, boric acid, benzoin or resorcin, and applications of these substances, and especially of resorcin, in spray or on a brush to the fauces or larynx. (*Archives of Pediatrics*, October, 1893.)

Dr. S. B. Straley (*Times and Register*, 1893, xxvi) recommends tincture (green) of thymus serpyllum (dose m. xx to m. xxx of green tincture.)

Dr. Liebermeister (*Le Progrès Medical*, May 27, 1893) recommends the following treatment:

(1) During catarrhal period. Rest in bed and the administration every hour or every two hours of sulphurated antimony, grain $\frac{1}{3}$.

(2) In the convulsive stage. Inhalation of a solution of carbolate of soda, bromide of potash or salicylate of soda; the fits of coughing should be relieved by narcotics, anesthetics or inhalations of ten to twenty drops on a pocket handkerchief of the following mixture:

Sulphuric ether 4 parts.
Essence of turpentine 1 part.

He also prescribes quinine and during the day two to six teaspoonfuls of the following draught:

Ext. belladonnae .	gr. viii$\frac{1}{3}$
Syr. of ipecac . . .	ʒiv
Antimoniated water .	ʒiiss
Distilled water .	ʒiv ʒviss

(3) Change of air and removal to the country.

Ouabaine, a crystalline alkaloid obtained from an arrow poison, has been used by Grunnell in forty-nine cases. Dose, child under 12 months, $\frac{1}{2000}$ of a grain every three hours, $\frac{1}{1000}$ to a child 3 years old. Prof. Hirschsprung uses musk in infants for the cough. The following have proved useful in some cases:

Pilocarpine, lobelia, grindelia, castania, camphor, quebracho, hyoscine, carbonate of iron and conium, chloride of gold and sodium. (Magruder.)

Naegele reports that in two children

he has succeeded more than five hundred times in apparently arresting the spasms by pulling the lower jaw downward and forward.

Rehn (*Münchener Medicinische Wochenschrift*, November 13, 1894.)

A new preparation of antipyrine, is that formed by adding to the latter mandelic acid. Tried by the author in some sixty cases of whooping cough, with failure in only two cases. Dose for infants under 1 year, 0.05 to 0.10 gramme ($\frac{7}{8}$ to $1\frac{3}{4}$ grains); for children between 3 and 5 years, 0.25 to 0.50 gramme (4 to $7\frac{3}{4}$ grains). *Universal Medical Journal*, (Sajous) January, 1895.

SPASTIC PARALYSIS; TALIPES EQUINO-VARUS.

A Clinical Lecture delivered at St. Mary's Hospital, London.

By Mr. Edmon Owen,
London.

Abstracted by A. M. Phelps, M. D., Professor of Orthopedic Surgery, Post-Graduate School, University of the City of New York, University of Vermont, etc.

The case shown is T. G., eleven years of age, who came into the hospital in May, 1893. He was then ten and a half years of age, and was the subject of spastic paraplegia, that is to say, the reflex action in his lower extremities was uncontrolled, because of some affection of the spinal cord. The cells of the anterior cornu of the grey crescent of the cord are in connection with two sets of filaments, motor and sensory. The grey crescent is, in fact, a small, independent brain, responsible to the supreme authority of the encephalon. If we cut off the connection between the grey matter and the encephalon there can evidently be no longer any direct control of the grey nerve tissue; thus, for instance, on gently pinching the leg, we get spasmodic and uncontrolled contraction of the muscles of the limb.

The reflex action is ordinarily controlled by inhibitory filaments running from the brain to the grey matter of the cord through the antero-lateral column of the cord; and if anything happens to interfere with the integrity of these filaments the reflex acts lose inhibition and run riot. They had run riot in this boy. As he attempted to walk, contact between his foot and the ground caused spasmodic contraction of the muscles to take place, and he walked in the manner characteristic of spastic paraplegia, as I will demonstrate shortly in another case. He walked with stiffened legs, scraping his toes along the ground. In this boy the spastic paraplegia was not extremely well marked, but it was sufficiently obvious. There was spasmodic contraction of the calf muscles particularly, causing elevation of the heels, so that as he walked his toes were constantly catching on the ground. Moreover, the feet were constantly extended and inverted, in the position of talipes equino-varus.

The question was, what could be done for him? Through some early disease of the antero-lateral columns of the cord, he had lost inhibition in his legs and feet centers, and it was altogether a most unpromising case for treatment. But we thought we would give the boy a chance by the open operation of Phelps of New York, for talipes equino-varus. The result is that he now stands with his feet perfectly flat; there is neither inversion nor eversion, and, although there is still some clasp-knife action, he walks, so far as my part of the business is concerned, a perfect plantigrade. You will see the high stepping action as he goes along the floor, but fortunately his central nervous affection has greatly improved.

The case has made a considerable impression upon me, because, from a surgical point of view, it was extremely unpromising. I can remember the time when a surgeon would have refused to operate upon a case of talipes equino-varus, or any other form of talipes which was secondary to central nervous disease, because the outlook was so

poor. All such miserable cripples were, therefore, left without efficient treatment and were allowed to drift on from bad to worse. I would not have operated on this boy had I not been particularly conversant with the operation of Phelps, a man who has done a great deal for orthopedic surgery, and who is, by-the-by, a general surgeon, not a special orthopedist. I think the time is coming when all bad cases of talipes equino-varus, except in very young children, will be operated upon by this open method. It seems to me, at least, to be inevitable. Here, truly, is a happy result of the thorough operation.

A word or two with regard to Phelps' operation. The old-fashioned and orthodox treatment of club-foot consisted in the subcutaneous division of tendons and fascia, the division of the tibialis posticus, the flexor digitorum, and, perhaps, the plantar fascia. Then, with a great deal of subsequent manipulation and tedious working with a mechanical Scarpa's shoe, the foot was got into a more or less satisfactory position. Afterwards the tendo Achillis was divided. This large tendon, you remember, was divided last of all. It was left for the purpose of acting as a fixed point, so that from it the surgeon might be able to exert, with Scarpa's shoe, a certain amount of flexion and eversion. But if you happen to be dealing with a slight case of talipes equino-varus, it will very likely suffice, if you divide only the tendo Achillis. When this is effected, you may be able to correct a very considerable amount of inversion as well as extension of the foot. I would, therefore, strongly advise, in every case, division of that structure first. That is a great point, but not an original one, in Phelps' operation.

It is characteristic of Phelps' operation that, instead of dividing the inverting structures subcutaneously, the open method is employed, so that the surgeon can see exactly what he is doing, and thus divide nothing that does not require division and everything that does.

The last paragraph does not quite state all. The other reason, and by far the most important, is that the skin, cellular tissue and fibrous tissue on the inner side of the foot are short, and these tissues must be lengthened either by cutting, tearing or stretching before the foot can be brought to a super-corrected position, and cutting is the least harmful and most rapid, and hence the open cut. (Phelps.)

The incision is made, as I show you in this other child, from the dorsum of the foot across the inner side, just over the head of the astragalus, and is carried down to the sole. The internal saphenous vein is possibly divided, though it is often seen and avoided. The deep fascia has then to be cut, as it covers the abductor hallucis; then the tendon of the tibialis posticus which supports the head of the astragalus, and the tendon of the flexor longus digitorum underlying the head or the astragalus. Going a little further, the surgeon opens a joint between the astragalus and scaphoid. Now comes what I consider to be the most important point in the whole operation—the anterior part of the internal lateral ligament is freely cut. You remember how this ligament is arranged. The anterior fibres are not connected with the astragalus, but run over it to be attached to the scaphoid bone. The anterior part of the internal lateral ligament is peculiarly tight and resistant in talipes equino-varus, and, more than any other structure, requires attention. As soon as that is done, the foot is everted and the joint between the astragalus and scaphoid opened up. The other resisting structures in the foot are then dealt with. Amongst them will come, I dare say, the middle piece of the plantar fascia, which is the strongest part, and very likely, the flexor brevis digitorum. Then the inferior calcaneo-scaphoid ligament has to be divided, because it is holding the tuberosity of the scaphoid up against the sustentaculum tali.

The position of the foot is to be improved by increasing the length of the inner border and that can only be done by opening the joints between the astragalus and scaphoid, a measure which is impossible without division of the in-

ferior calcaneo-scaphoid ligament. After every cut the surgeon wrenches the foot into a slightly improved position; he goes step by step, feeling his way, as it were, with the tip of his finger and the end of his scalpel. Perhaps before the foot can be got into the proper position the long and the short calcaneo-cuboid ligaments have to be divided. After that, the surgeon gives another wrench and gets the foot into an over-corrected position. He dresses the wound lightly with some antiseptic gauze, loosely filling the large cavity, and then he secures the foot in lateral splints of house flannel and plaster of Paris.

It may not be amiss to compare, for a moment in passing, this operation with other radical operations on the foot which consisted in the removal of the wedge-shaped piece from the outer border of the foot. If the apex of the wedge is brought far enough inwards and the base is sufficiently wide, the foot can then be straightened out and brought flat. But this improvement is obtained at the expense of the length of the foot. Different varieties of these operative procedures bear the names of different surgeons (Davies Colley and Richard Davy), and there is yet another (and a very excellent one it is), which consists in the removal of the astragalus; it bears the name of a well known provincial surgeon, Lund of Manchester. These various procedures have emanated during the last few years from pioneers in orthopedic surgery, all of whom were general surgeons.

All of these operations, useful as they have been in the evolution of the surgery of club-foot, effected their improvement by shortening the external border or sacrificing some part of the foot; but Phelps' operation improves the position of the foot, and not by shortening or sacrificing anything, but by lengthening the internal border of the foot, and I am satisfied that it is of very great importance.

The wound having been dressed in the case of this boy, operated on as described, on May 16, the foot was wrenched around into the over-corrected position and encased in lateral splints of house flannel and plaster of Paris. Then for five weeks it was not interfered with. Only today the second dressing was taken off, two weeks having elapsed since the first was removed. When the dressing was removed the wound was almost healed, and, as you will see, it must have been an extensive one originally. Mr. Kellock, who, with me, operated on one of this boy's feet some time ago, suggested and carried out an ingenious modification in the detail.

As soon as the foot is lengthened out there is a considerable amount of slack skin upon the dorsal and outer aspect of the foot, so, after the deep operation-wound on the inner side of the foot had begun to granulate, Mr. Kellock raised a large flap of this redundant integument and slipped it into the wound. This graft has done well, and its growth has materially expedited the healing. (No matter how wide the wound has gaped, in my experience it has always filled in perfectly within six weeks, and within a short time the redundant skin on the outside of the foot has been absorbed. With these observations in mind, I think I would hardly resort to a plastic operation in any case, although I would not condemn the practice. Phelps).

The old treatment by Scarpa's shoe required a great deal of attention on the part of the surgeon, who required, in private practice, to make almost daily visits to see how the case was going on, to assure himself that the foot was bearing the restraint, and to alter the screws. According to the new procedure the foot is put up in plaster of Paris and so left for three or four weeks, the patient being allowed to walk about within a week of the operation.

(Mr. Owen is right in teaching that contraction following paralysis should be lengthened by operation. The senseless prolonged painful stretching treatment followed by some orthopedists is to be deplored. It will be abandoned in the near future. It is as unscientific to attempt, by machines, to stretch these contracted muscles and tendons as it is to follow the same plan of mechanical treatment with the remunerative tendo Achillis, Dupuytren contraction and

plantar-fascia, now so popular with certain mechanicians. These paralyzed muscles should be lengthened by interposing an abundance of new tissue, and not by stretching. The latter nearly always relapses, making it remunerative for the mechanic, while the cases operated upon do not or at least very seldom relapse, and the usefulness of the foot is very much superior to those treated by stretching.)

SOCIETY REPORTS.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD JANUARY 18, 1895.

Dr. Simon Flexner read a paper on the PATHOLOGY AND BACTERIOLOGY OF DIPHTHERIA.

Dr. L. F. Barker then addressed the Society upon the ANTITOXINE TREATMENT OF DIPHTHERIA. (See page 315.)

Dr. N. G. Keirle explained the difference between the diphtheria in the human and that of the pigeon and fowls. He exhibited several birds, some having true diphtheria, others the mixed infection.

Dr. J. H. Branham reported two cases of diphtheria in which he had used the antitoxine treatment.

Case 1. Little girl seven years of age had been ailing for about two weeks with a slight sore throat, and injection of the mucous membrane over the tonsil. The diphtheritic membrane appeared first upon the uvula. At that time the child was not very sick, having a pulse of 90 and temperature 100°. He made a small injection of antitoxine on the 6th; about eighteen hours after the membrane appeared. On the same day a second dose was given, much larger, at about 4 P. M. The pulse was then 120, temperature 101.6°. The next morning both pulse and temperature had gone higher, when he changed and gave an injection of a new solution. On the 8th, the temperature in the morning was 102°, pulse 130. Patient not very much improved. At 9 P. M. a full dose of Behring's solution (12 cubic centimeters) was given. The next morning the temperature, after twelve hours, was nearly normal, and the patient proceeded to recovery very rapidly. The first solution used was obtained from Pasteur's New York Laboratory, but within twelve hours after giving a full dose of the Behring solution the patient was very much better and practically has not been sick since.

Case 2. Patient first seen on the fourth day of disease; had been treated by another physician with the ordinary remedies. Bacteriological examination was made and a dose of the Pasteur material given on the 5th day. On the next day there was a decided manifestation of laryngeal involvement. A full dose of the Behring solution No. 2 was then given. Sixteen hours later, in a fit of coughing, a cast of the larynx was brought up, which showed the bacteria. After that time the pulse and temperature came down to normal, and did not rise again. The patient recovered rapidly. A full dose in both cases seemed to act beautifully.

Dr. J. F. Martenet: I desire to report an interesting case in which I had the opportunity to use this remedy. The case was that of a child two years old who had been sick ten days. It was primarily a laryngeal case. Another physician had been treating it and gave the case up as hopeless. When I saw it the larynx and trachea were full of the membrane and breathing was very difficult. I gave the first injection of antitoxine that evening, and the second dose the following morning, the respiration having by that time somewhat improved. In the evening, however, it was worse. The larynx was almost occluded and the child could scarcely breathe. The temperature was 103°, respiration very rapid; the pulse rapid and weak. I could not get more of the antitoxine at that time so I had to try tracheotomy, and left the tube in all night. Next morning the child was apparently dying. We removed the tube and the child, getting more air, improved somewhat. By the next day I had succeeded in obtaining more of the antitoxine and gave a third injection. Improvement went on rap-

idly and by the following day the child was practically well. Bacteriological examination showed it to have been a case of mixed infection. Tracheotomy undoubtedly helped to save the child's life, but it may have been by giving the antitoxine an opportunity to produce its effect.

H. O. Reik, M. D.,
Secretary.

MEDICAL PROGRESS.

Baldness and Indigestion. — The cause of baldness, says the *British Medical Journal*, is a question which has a personal interest for many people in these days when the "new man" finds it almost as difficult to keep his hair as the "new woman" does to find a husband. The theory of the baldheaded man generally is that his exceptionally active brain has used up the blood supply which should have nourished his scalp; but those whose crop of hair still stands untouched by the scythe of time unkindly hint that this explanation is of a piece with Falstaff's excuse that he had lost his voice by "singing of anthems." Then there is the theory of the hat, which we are told makes for sanitary unrighteousness in two ways—allowing no ventilation, and by its hard rim cutting off part of the blood supply from the scalp. Again, there is seborrhea, which prepares the way for fungi that blight the hair. It would have been wonderful if that pathological scapegoat, indigestion, had not had this particular misdeed laid to its charge. We are not surprised, therefore, to read in an American contemporary that dyspepsia is the great cause of baldness. This is how the mischief is done: "Nature," we are assured, "is very careful to guard and protect and supply the vital organs with the proper amount of nutriment; but when she cannot command a sufficient quantity of blood supply for all the organs, naturally she cuts off the supply of parts the least vital, like the hair and nails"—just as one of our "splendid paupers" discontinues his subscription to a hospital in view of the death duties. The hair, in fact, dies that the nobler parts may live up to a proper standard of physiological efficiency. The best way to escape baldness is therefore to be careful in our diet and above all to avoid irregularity in meals—a counsel of perfection which the busy man too often finds it impossible to follow. We are not prepared to deny that indigestion may have something to do with baldness, but the part it plays is probably altogether secondary. We know of no evidence that baldheaded men are more dyspeptic than their neighbors, and women, who suffer much—chiefly through their own fault—from digestive troubles, are very seldom bald. The increasing prevalence of baldness might with at least as much plausibility be ascribed to the general betterment in our social condition that is taking place. The late Prince Consort (who himself lost his hair early) held that baldness is a sign of breeding; heredity, therefore, rather than indigestion would account for its frequency in the upper ranks of society. On the other hand, hairiness and anarchism often go together, as if the bomb-throwing brotherhood had determined to throw off even the mild tyranny of the barber with other forms of government.

* * *

The Management of Heart Disease.—Dr. L. Harrison Mettler gives his experience in the treatment of heart disease in the *Medical Record*. His best results have been obtained by physical rest associated with light, regular, pleasurable exercise; absence of all worry, mental anxiety and sudden emotion; plain, abundant, nutritious diet, dry as possible; absolute avoidance of all stimulants; the use of general tonics and hydropathic measures conducive to the building up of the general constitution. For the heart, the continuous use of small doses of nux vomica or its alkaloid, reserving the more powerful heart stimulants like digitalis for threatened dropsy. In two cases he obtained better results from the combination of digitalis, strophanthus, and convallaria than from either alone. In others he has found that either of these special heart

tonics alone produced the greatest comfort when assisted by minute doses of strychnine. It is bad treatment to use larger doses of any drug than is absolutely necessary, and ofttimes three to five drops of digitalis with $\frac{1}{100}$ or $\frac{1}{60}$ grain of strychnine will act better than the larger doses of either alone. The use of strychnine alone is, in the majority of these cases, the best for prolonged treatment. Dropsy, dyspepsia, etc., of course, will require special treatment as they arise. They will present themselves less frequently, however, the more the general health is built up and the action of the heart strengthened and steadied.

* * *

HERNIA IN CHILDREN TREATED BY INJECTIONS OF ARTIFICIAL SERUM.—Luton (*British Medical Journal*) states that he has had good results in the treatment of inguinal and umbilical hernia in infants from the injection into the neighborhood of the ring of an artificial serum. The serum he used was composed of phosphate of sodium 5 parts, sulphate of sodium 10 parts, distilled water 100 parts. He injects 1 gramme (*m* xv) under the skin with an ordinary hypodermic syringe. A single injection may, he states, be sufficient to effect a cure, but in most cases three or four injections at intervals of a week are necessary. During the treatment the hernia should be retained by a simple pledget of cotton-wool retained by a bandage. The only unsatisfactory result met with was that in one case the intestine was allowed to come down, and the contraction of the ring set in so rapidly after the first injection that symptoms of strangulation developed; the hernia was reduced by manipulation, and the case made a rapid recovery. He reports 7 cases; in 1, cure persisted after two and a half years; in another, after fourteen months; in another, after seven months; the other cases had been treated too recently to justify any statement as to permanency of cure. The mode in which the injections operate to bring about a closure of the orifice in the abdominal wall is not clear; in 1 case an injection into the thigh led to improvement in an umbilical hernia. A similar observation was made in the case of an old woman who was given the injections in the first place to obtain their tonic effect.

* * *

TO PRESERVE URINE.—It occasionally happens, says the *Medical Record*, that the busy practitioner is obliged to defer analysis of a specimen of urine until decomposition has rendered it valueless for his purpose. Dr. Huguet, professor at the Medical School of Clermont-Ferrand, states that urine can be kept for an indefinite period if to the contents of the vessel there be added 2 c.c. of the following solution: Mercuric cyanide, 10 grammes; water, 100 grammes. The addition of this salt does not alter the acidity of the urine, nor does it invalidate the results of the analysis. Chloral interferes with the ordinary sugar tests.

* * *

THE PRETUBERCULAR STAGE OF CONSUMPTION.—The earlier a disease is recognized, the better are the chances for cure. The steady decrease in the mortality from consumption, says Dr. Charles Manley in the *Medical and Surgical Reporter*, is due to a better knowledge of the disease. He thinks there is a certain weak condition which the professional eye should be able to recognize as the pretubercular and prebacillary stages of consumption. He concludes:

1. That there is a pretubercular stage.
2. That it is something more than mere predisposition or susceptibility.
3. That it is a mitigated form of consumption.
4. That it is either hereditary or acquired.
5. That, other things equal, continued loss of weight is suspicious of oncoming tuberculosis.
6. That the keynote of this condition is impaired nutrition.

* * *

ALTITUDE AND NERVOUS DISEASE.—Dr. J. T. Eskridge writes in the *Colorado Climatologist* that while the altitude of Colorado does not cause nervous diseases not found at sea level, it aggravates a nervous disease which comes from a lower level.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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SEE PUBLISHERS' DEPARTMENT, PAGE 333.

BALTIMORE, FEBRUARY 16, 1895.

An International Language.

THE importance of some universal language, so that the scientific world may communicate on a common basis, is growing greater each year. International medical congresses hold meetings much more frequently than formerly and as long as several languages are employed the usefulness of such gatherings will be very much impaired.

Already it has been announced that at the ninth International Congress of Hygiene and Demography, which is to be held at Madrid in 1897, the Spanish Government has sanctioned the use of no fewer than six official languages, namely, Spanish, Portuguese, French, Italian, English and German, and the *British Medical Journal* very justly remarks that at this rate the international congresses bid fair to be excellent object lessons in the "confusion of tongues."

Modern Greek has had many and strong champions, as the type of a perfect language, rich, euphonious, flexible and précise, but it is far too limited and too difficult to learn. A more recent writer urges French as the language of international scientific bodies.

The disadvantage of languages like French and Italian and even Spanish and Portuguese, is that in rapid speaking there is a certain amount of elision which makes them difficult to be understood by all except the most experienced.

A language easily understood is German, which is almost invariably pronounced as spelled, very few elisions and contractions taking place. The search after an international language is rather Utopian and yet it seems quite a hardship to make those desirous of extending their knowledge in world congresses to learn several tongues. So many persons, clever in almost every other respect, have no talent for languages, and years of intercourse in a language foreign to them fail to make any impression, and they can speak and understand only their mother tongue.

The French are much averse to learning any foreign language and as their own is universally conceded to be the polite and courteous language of the world it has a certain pre-eminence which even English does not possess. This subject is one which no body of persons or nation can decide, but which will work itself out as necessity demands.

The use of English is increasing from year to year, but it has difficulties which are almost insurmountable to some nations. The disadvantages of the use of a large number of languages at a congress are that the congresses grow too unwieldy, so that a restriction of the number of languages would probably restrict the size of meetings and possibly facilitate work.

Whatever comes of this question will come gradually and meanwhile the younger generation of physicians should make themselves as far as possible familiar with French and German and perhaps Italian.

* * *

Original Work in Insane Asylums.

THE address of Dr. S. Weir Mitchell before the superintendents of insane asylums was a surprise to some, but it has evidently borne fruit, for many intelligent physicians in such institutions have been considering how more original investigation could be done, and have made some practical suggestions.

Dr. Ralph Wait Parsons gives this subject serious consideration in the *Journal of Nervous and Mental Disease*. He quotes not only from Dr. Mitchell's address, but from letters on the same subject from a number of others who have been aroused by the importance of this question. Dr. Parsons makes the following remedial suggestions:

1. The superintendent should be relieved of much of the executive and non-medical work which he is now called upon to perform. In order to obtain this object each large public hospital for the insane should have an assistant medical superintendent, who will share the executive work with the superintendent so much that each may have time to devote to the study of their cases and to the advancement of the work in the domain of psychiatry; and furthermore, they would thus stimulate the assistants to the careful and accurate study of the phenomena of mental and nervous diseases, and to thorough pathological investigation.

2. A sufficient sum of money should be appropriated each year, which the superintendent can have at his disposal for the purchase of instruments for laboratory work and for scientific and therapeutic purposes.

3. The assistant physicians should be relieved, as far as possible, from the large amount of purely clerical work they now have to perform by either providing a clerk for the purpose or by increasing the staff so that the non-medical work assigned to each physician might be reduced to a minimum, thus allowing much more time for the systematic study of their patients and for pathological and literary work.

4. Men and women of intelligence and with the necessary qualifications should be appointed to fill positions as attendants, without reference to politics; and they should be given a sufficient salary, in order that it may be to their interest to hold their positions and thereby promote the interests of the institution and the welfare of the patients consigned to its care.

5. Every hospital for the insane should have an attendants' training school connected with it, in order that the best results of treatment may be obtained.

This work shows that an address before a body of men whom it does not flatter may arouse lethargy and be of unspeakable benefit and awake enthusiasm.

Editorial Confidences.

THE editor of the *Medical News* takes its readers into his confidence, just as this JOURNAL has done several times before, and tells them some wholesome truths which all contributors would do well to heed. In the first place, there is the illegibility of manuscripts written in the well known chirography of the careless physician. Ordinary words can, of course, be deciphered by a competent compositor, but when it comes to proper names, often known only to the writer of the article, then the chances of mistakes are great indeed. The average man, who writes perhaps very little, uses abbreviations which are clear to him, but which may mean nothing to an editor, and yet careful revision fails to make out what some of these abbreviations mean, even though the editor may spend as much if not more time in working over the manuscript than did the writer in its composition.

Many a would-be author sends in his manuscript tightly rolled so that when it is opened it would take an octopus to hold it flat, and it springs back with force when released. An exchange, that may have been imitating *Punch*, gives the advice, "Never roll a manuscript; before rolling a manuscript, always commit suicide." This is in place; for a rolled manuscript makes the calmest editor commit murder in his heart, if he has one. Good advice is cheap and never-ending and writers know their errors and yet go on committing them.

Too great length will kill any paper, however good. When a writer dictates a scientific article to a typewriter and sends it in unrevised, he may expect to see errors, however distinct and clear the manuscript may be.

It can hardly be expected that the average typewriter can spell by sound long medical terms and proper names and yet it is a very common occurrence for the writer to trust to the orthography of his typewriter and send in his manuscript without proper corrections and because the editor in the course of his work is familiar with most proper names and places mentioned, and is able, with extra work and revision, to correct the many errors of an ignorant typewriter and a careless writer, the next manuscript is sent in in the same condition, trusting to this editorial revision. Manuscripts prepared in the proper form and submitted are very much appreciated.

MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending February 9, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		29
Phthisis Pulmonalis		21
Measles	9	
Whooping Cough	3	5
Pseudo-membranous Croup and Diphtheria.	22	4
Mumps		
Scarlet fever	17	2
Varioloid		
Varicella	2	
Typhoid fever		1

Pneumonia is causing many deaths at this season of the year.

There were 193 cases of smallpox in Chicago, in January, with 44 deaths from that disease.

There is a movement on foot to obtain, in the different countries where it has been used, the statistics of the use of antitoxine in diphtheria.

The profession of Baltimore is asked to contribute liberally to the fund for the entertainment of the visiting delegates of the American Medical Association.

It is announced that Dr. Anna Williams has been appointed an assistant on Dr. Bigg's staff in the service of the Health Department of the city of New York.

A medical college in Denver, Colorado, gives free tuition to all students from without the State. That is certainly not raising the standard of medicine.

The Health Commissioner of Baltimore has been looking after the water ways and drainage of Baltimore, to see that the melted ice is carried off as rapidly as possible.

Dr. Ferdinand W. Ostrander, at one time health officer of Brooklyn, has just died in that city in his ninety-first year. He practiced medicine up to the time of his death.

The various committees and sub-committees in connection with the entertainment of the members of the American Medical Association are meeting each week and accomplishing good work.

St. Louis will soon have a new post-graduate medical school added to its already large list of medical schools. The *Columbus Medical Journal* compares a school for practitioners of medicine to the disinfection of antiseptics.

In the Medical Department of Vienna University there are 28 ordinary professors, 39 extraordinary professors and 82 privat-docents and assistants and 2427 medical students—nearly half the students in the whole University.

Some time ago the Austrian Temperance Society offered a prize of 500 crowns for the best essay on how the growing abuse of alcoholic stimulants can be counteracted in schools. Ninety-six essays were received, and the prize was awarded to Professor Ritter von Kraus.

There are only two Assistant Surgeons in attendance at the current session of the Army Medical School as against seven in 1893–94. The decreased attendance at the session of 1894–95 is due to a reduction of the number of Assistant Surgeons, U. S. Army, by recent act of Congress.

From the statistics collected of 52,475 administrations of anesthetics, in France, there were of chloroform, 32,083; ether, 11,669; A. C. E. mixture, 3,896; bromide of ethyl, 2986; Billroth's mixture, 750; nitrous oxide in dentistry, 91. That is, 63 per cent. of chloroform, 22 per cent. of ether and 15 per cent. of all others combined.

The annual report of Dr. Henry M. Hurd, superintendent of the Johns Hopkins Hospital, shows that on February 1, 1894, there remained in the hospital 109 males and 88 females. There were admitted during the year 1419 males and 1402 females, a total of 2821, giving a total under treatment of 1528 males and 1490 females. There remained in the hospital February 1, 1895, 120 males and 111 females. The number of patients admitted has been greater in every department than during any previous year. The results of treatment have been gratifying. There were 1475 patients discharged well, 611 improved, 331 were not treated, 84 unimproved, 89 transferred, and 197 died. The daily average under treatment has been 209 patients. In the dispensary the total number of patients treated was 56,286.

WASHINGTON NOTES.

The Freedmen's Hospital has an ambulance service now, which is a great addition to the hospital, as well as a convenience to the residents of that section of the city. Heretofore the Emergency Hospital was the only one that owned an ambulance and most of the accident cases were taken to that hospital.

The programme of the Medical Society of the District of Columbia for last Wednesday night was a very interesting one. It was as follows: Professor W J McGee — Primitive Trephining in Peru. Illustrated by a collection of crania. Discussion by Drs. McCormick, Lamb and others. Dr. Acker — Two Cases of Heart Disease, with specimens. Dr. J. Taber Johnson — Extra-Uterine Pregnancy. Case and specimens. This was the first time that a layman had ever been invited to deliver an address before the Society. Professor McGee of the Bureau of Ethnology spoke on the evidences of trephining among the aborigines of America. He exhibited a number of skulls from the graves and different places of burial in Peru. The evidence of a definite surgical operation in all cases was very clear and it was thought that the ancient surgeons had even gone so far as to localize the different sections of the brain. The mechanical part of the operation was rough in the extreme, as were their instruments.

A special meeting of the Medical Association of the District of Columbia has been called for Tuesday night.

Drs. S. C. Busey and W. W. Johnston have been invited to make addresses before the Washington Club, on the necessity of immediate extension of the water and sewer systems of this city.

The regular meeting of the Clinico-Pathological Society was held on Tuesday night, the President, Dr. Sprigg, in the chair. Dr. Reed of the Army Medical Museum delivered a most brilliant and interesting paper before the Society, by special invitation, on the Lesions of the Liver in Typhoid Fever. The paper was liberally discussed by Drs. Jaisohn, Clark, Van Rensselaer and others.

The great importance of a medical law in the District is being constantly proved. Here is a woman who has caused the arrest of a doctor for obtaining money under false pretense. He claimed that he was a regular physician and held a diploma and promised to cure a cancer for $40. The cancer remains uncured. A strict medical law would prevent such quacks from settling in our midst.

PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending February 11, 1895.

The extension of leave of absence granted Captain Reuben L. Robertson, Assistant Surgeon, is further extended fourteen days.

The leave of absence on account of sickness granted First Lieutenant James M. Kennedy, Assistant Surgeon, is extended one month, on account of sickness.

UNITED STATES NAVY.

Week ending February 9, 1895.

Assistant Surgeon C. P. Bagg detached from United States Steamship "Mohican" and ordered to the Naval Hospital, Mare Island, California.

Assistant Surgeon F. G. Braithwaite detached from Naval Hospital, New York, and ordered to examination preliminary to promotion.

Assistant Surgeon James Stoughton ordered to examination preliminary to promotion.

BOOK REVIEWS.

CLINICAL GYNECOLOGY, MEDICAL AND SURGICAL. By Eminent American Teachers. Edited by John M. Keating, M. D., LL. D., and Henry C. Coe, M. D., M. R. C. S. Pp. 994. J. B. Lippincott Company: Philadelphia, 1895.

This book is the result of the joint labor of a considerable number of the most prominent gynecologists of the country, and a glance at its list of contributors is sufficient evidence of its general excellence. It may be unhesitatingly recommended to those who wish a general outline of modern gynecology within moderate limits. Several of the articles are worthy of especial consideration, especially the introductory chapter by Goodell, which touches upon many subjects, and exhorts us to believe that women may have affections other than those arising from the genital tract.

The article by Polk on Inflammation of the Female Generative Organs is also to be commended, and it would be well if his conservatism concerning the needless sacrifice of so many tubes and ovaries obtained more general acceptance among the gynecologists at large.

Mundé has contributed an able article upon uterine displacements, and states, among other things, that the importance of the anterior displacements has been greatly overestimated, and that he has sinned in this respect as well as many others. In fact most of the articles are very good, and it would lead too far to attempt to speak of them individually.

In Boldt's chapter upon neoplasms of the uterus, much curious pathology of the Heitzmann school is indulged in. And we are surprised that the editors should have allowed their otherwise excellent book to be marred by the unprofessional illustrations in the chapters by Jewett and Boldt.

But in spite of these faults, we are able to congratulate the editors upon having brought forward so good a work and we feel sure that it will prove of value to many.

REPRINTS, ETC., RECEIVED.

Transactions of the American Ophthalmological Society. Thirteenth Annual Meeting. Washington, D. C. 1894.

Surgical Therapy of Rectal Cancer. By Thomas H. Manley, M. D. New York. Reprint from *Merck's Bulletin.*

Tuberculosis in the Ano-Rectal Region. By Thomas H. Manley, M. D., New York. Reprint from *The Medical Brief.*

Surgical Treatment of Tumors of the Neck. By Thomas H. Manley, M. D., New York. Reprint from *The Medical Brief.*

Contusion of the Abdomen, with Rupture of the Thoracic Duct. By Thomas H. Manley, M. D., New York. Reprint from *The Medical News.*

Rest in Bed as a Resource in the Treatment of Chronic Non-Suppurative Catarrh of the Middle Ear. By A. Britton Deynard, M. D., New York. Reprint from *The Post-Graduate.*

The Pathology, Symptomatology and Treatment of Hemorrhoids, Simple and Complicated. By Thomas H. Manley, M. D., New York. Reprint from *The St. Louis Medical Review.*

The Commercialization of Medicine ; or the Physician as a Tradesman. A Sociological Study. By Theodore W. Schaefer, M. D., Kansas City. Reprint from *The Boston Medical and Surgical Journal.*

CURRENT EDITORIAL COMMENT.

WOMEN BACTERIOLOGISTS.

Medical Record.

THE public seems very much surprised and interested by the fact that a woman physician has been appointed among the bacteriologists of the City Health Board. Bacteriology, however, is not a very mysterious or difficult science, and there is no reason why any well-educated physician, male or female, who pays attention to this specialty, should not succeed in it.

SELF-SACRIFICE.

Atlantic Medical Weekly.

Two great forces are usually found to influence a physician's character. The first is, *good will toward fellow men, or charity*, which includes love, duty, personal and professional honor and all those high and noble principles which actuate a true physician. The second force is, perhaps, the desire common to all men, *the love of money and those comforts that money can buy.* A fierce battle is constantly raging throughout a physician's whole life between these two forces. The tendency is toward the former, and that is the reason why so few physicians, after long lives of incessant and arduous attention to duty, have so little to show for it in worldly possessions.

FIRE-PROOF HOSPITALS.

Columbus Medical Journal.

THE fire which occurred a few weeks ago in the asylum in Columbus and the recent fire in the hospital at Cleveland are both practical demonstrations of the importance of making buildings of this kind fire-proof.

In fact, we believe that it is in the interest of humanity, and certainly in the interest of the unfortunates who are compelled by various misfortunes to be admitted to institutions of this kind, that they should be protected so far as possible from the danger arising from a possible conflagration. When we consider the number of accidents that have occurred in hotels, that were equipped in the most approved manner with fire escapes, and remember that the inmates of hotels are able to take care of themselves, we can readily realize that fire escapes in hospitals, where the inmates cannot care for themselves, are practically of no value.

PUBLISHERS' DEPARTMENT.

All letters containing business communications, or referring to the publication, subscription, or advertising department of this Journal, should be addressed as undersigned.

The safest mode of remittance is by bank check or postal money order, drawn to the order of the *Maryland Medical Journal*; or by Registered letter. The receipt of all money is immediately acknowledged.

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TO PRACTITIONERS OF MEDICINE.

The Medical Law as repealed and re-enacted, with additions and amendments, by the Maryland State Legislature, has been printed at this office in neat and convenient form for physicians. Copies may be obtained at the Journal Office or will be forwarded by mail on receipt of 15 cts. in stamps or coin.

NOTES.

ARCOLINE is one of the newest laxatives.

*

CHRONIC asthma is often relieved by apomorphia.

*

FROST bites yield to one or two applications over night of copaiba balsam.

*

AMMONIUM ferrate is strongly recommended in intermittent fever.

*

HOT water in teaspoonful doses is a very effective remedy in persistent paroxysmal cough.

*

QUININE, to be effective in malarial fever, should be given long enough before the attack.

*

HEADACHE in pregnant women should not be ignored; uremia and eclampsia may be imminent.

*

THE taste of cod liver oil may be almost entirely destroyed, if mixed with equal parts of extract of malt.

*

THE peroxide of hydrogen is one of the best remedies for dissolving the false membrane in diphtheria.

*

THE citrate of iron and ammonium ¾ grain dissolved in 15 minims of sterilized water and injected subcutaneously is an excellent remedy in eczema.

PHARMACEUTICAL.

EXTRACT from "Report on Therapeutics and Practice of Medicine," by E. C. Laird, M. D., Haw River, N. C., read before the Medical Society of the State of North Carolina, May, 1894:

"During the last season (as resident physician at the Springs) your reporter used the Buffalo Lithia Waters, Nos. 1 and 2, extensively in almost every form aud stage of acute and chronic Bright's disease of the kidneys and diabetes with most gratifying results. This action of these Waters cannot be attributed to the effect of the large quantity of pure water passed through the system as suggested by some writers, for in many instances the beneficial effects produced by one spring would be greatly enhanced by change to the other, and *vice versa*, showing some special curative action of each water in the individual case. This I attribute to two well established effects of these waters, first their powerful solvent and eliminating action on uric acid, which is considered by Tyson and others the principal excitant of Bright's disease, and secondly to their nerve tonic properties, thus embracing the wide range of adaptability to the cause of trouble, whether commencing with 'mind strain' from overwork, worry, or sorrow, as suggested by Drs. Thorn, Howard and Flint in *Virginia Medical Monthly*, May, 1894, or to one or more of the diatheses, either gouty, rheumatic, phosphatic, oxalic, lithemic or diabetic."—From the Transactions of the Medical Society of the State of North Carolina, May, 1894.

AFTER an attack of the grip the patient finds himself in a state of extreme weakness and prostration, from which condition he is tediously brought to his former good health. Remedies which stimulate his exhausted nerves too vigorously do so at the expense of his general condition. Then comes the relapse. Syr. Hypophos. Comp. McArthur conveys to the tissues the revivifying and vitalizing agent phosphorus in its most oxidizable and assimilable form. Thus the true vitality of the nerve structure is restored by renewing the nutrition of the tissues themselves.

CATARRHAL AFFECTIONS.—An excellent cleansing and disinfecting solution for free use in the nasal cavities, by means of the

spray apparatus, douche or syringe, is prepared as follows:

℞.—Acidi Boracici . . ℥ i
Sodii Boras . . . ℥ i
Sodii Chloridi . . ℥ ss
Listerine . . . ℥ ii
Aquae Purae . . ℥ vi M.

NEW PRESCRIPTION FOR LA GRIPPE.—To control the high fever give Antikamnia. To overcome the extreme depression give Quinine. To conquer the terrible rheumatic pains, give Salol. Time is saved and the patients are pleased by combining these three remedies in one prescription. They are most easily given in "Antikamnia, Quinine and Salol Tablets" containing Antikamnia 2 grains, Quinine Sulphate 2 grains, and Salol 1 grain.

F. MCDONALD, M. D. (College Physicians and Surgeons, Baltimore, Md., 1883, Supreme Medical Director W. S. of I. O. U. A., Medical Examiner Equitable Life of N. Y., Secretary Pittsburg Obstetrical Society, etc.) says: "Your Succus Alterans gives me perfect results. I prescribe it almost daily, and have never failed to obtain the effect sought. I regard it as a specific for syphilis in all stages. Imitations which I have been induced to try occasionally have always failed. Such failures have only served to confirm my confidence in the genuine Succus Alterans. I can pay no greater tribute to an article so worthy and so meritorious than to say it is the very best and safest alterative known to the profession."

As the best preparation against the obstinate eczema of children an ointment of

℞.—Acid salicylic. . . 16 grs.
Zinc oxidi. . . . 1½ drms.
Lanolini pur. - . 1 oz.
M. ft. Ung.

A good ointment does not irritate the skin, and if necessary it must assist in the absorption of medicaments by the skin. Lanoline is the ointment base which meets this requirement.

IRREGULAR Menstruation, Leucorrhea.

℞.—Celerina. . . 4 oz.
Aletris cordial [Rio] . 4 oz.

Dose, two teaspoonsful half an hour before meals.

MESSRS. Schulz-Berge and Koechl have provided the physicians of this country with a very valuable preparation of antitoxine.

THE AMERICAN MEDICAL ASSOCIATION.

THE American Medical Association will hold its next annual meeting at Baltimore in May, 1895, and it is expected that an unusually large number of physicians will be in attendance. Delegates and members will be present from all the important cities in the east and south, but by far the greatest number will come from the western cities. To transport so many, special trains will be run, and those who do not use the special trains will have the choice of several roads. The Baltimore and Ohio Railroad will naturally attract a large contingent of those coming east, south and north, because of its excellent facilities, its extensive service and principally because all its trains from the west and south are run *via* Washington. This will be a great inducement to the visiting members and delegates accompanied by their wives and daughters. Besides this, those coming from points between New York and Washington will have the opportunity of using the Royal Blue express trains, which are composed of vestibuled Pullman cars running very rapidly and all with no extra charge. In addition to this, those who attend this convention and do not come *via* Washington can run over to that city on the forty-five minute trains, which are said to be the fastest trains in this country, if not in the world. Particulars as to rates and other information may be obtained from any of the following agents of the road; or will be mailed by addressing the Baltimore and Ohio Railroad, Baltimore, Md.

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MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXII.—No. 19. BALTIMORE, FEBRUARY 23, 1895. Whole No. 726

ORIGINAL ARTICLES.

NOTES ON THE TREATMENT OF INSOMNIA.

Read at the Semi-Annual Meeting of the Medical and Chirurgical Faculty of Maryland, held at Cumberland, Md., Nov. 21 and 22, 1894.

By Edward N. Brush, M. D.,

Physician-in-chief and Superintendent of the Sheppard Asylum.

One who at this period of medical knowledge attempts to say anything new upon insomnia or its treatment must be rash indeed. I will, therefore, content myself with saying over again some old things which some of the profession seem to have forgotten, and repeating to some extent what I have said upon other occasions.

Those who have thoughtfully read the current medical literature of the past few years must have observed the numerous articles upon hypnotic drugs and their uses. It would seem as if our pharmaceutical chemists had been seeking for some universal and never failing sleep producer, and some of our clinicians had adopted the idea that such a discovery was possible and were anxiously experimenting with each new drug as it was placed on the market, with the fond expectation that shortly they might be able to exclaim "Eureka," forgetting that insomnia is a symptom associated with widely diversified conditions. The amount of literature on the subject is illustrated by a remark of Dr. F. P. Folsom, who said a few years ago that an abstract of recent articles on the new hypnotics covered one hundred foolscap pages of manuscript. (*Boston Medical and Surgical Journal*, July 10, 1890.)

I think I may venture to assert that if every asylum medical officer registered the questions asked him by visiting physicians the question of all others which would lead in the list would be, "Doctor, what do you give for insomnia?"

Far be it from my purpose to decry the use of the so-called hypnotics or to charge indiscriminate and unthinking routinism in their employment. I venture to say that I have not been by any means the least of sinners in this respect myself. It is very easy to prescribe chloral, one of the bromides, hyoscine, paraldehyde, sulphonal or trional, and too often we are satisfied with the statement of the patient or night nurse as to the results obtained. On the other hand, the exact condition, of which insomnia is but a symptom, too often eludes our closest inquiry, or is so obscure that a careful search becomes a burden and vexation of spirit.

I recognize fully the fact that the patients with whom asylum medical officers have to deal are, many of them, of all classes the most difficult upon whom to make a diagnosis of physical conditions, not excepting infants and young children. It is, however, very often manifest, almost at a glance, that exhaustion, anemia, toxemia, impaired digestion, or some disturbance of hepatic or renal function, are at the bottom of the difficulties with which we

have to contend, and to give such patients hypnotics new or old simply to make them sleep, while sleep may result, is, if not absolutely harmful, unscientific and indicative of indifference or something worse.

For many insomnious patients—for the majority, I believe—

"Not poppy, nor mandragora,
Nor all the drowsy syrups of the world"

are needed, or indicated, but a common sense hygiene and a rational therapeusis directed to the condition and not the symptom.

Professor Germain Sée, writing upon insomnia and sleep-producing drugs, divides the insomnious into nine classes:

1. Those who are sleepless because of pain.
2. Those who from digestive disorders are unable to sleep.
3. Those who by reason of cardiac or respiratory disorders are made wakeful.
4. Those suffering from cerebro-spinal or neurotic diseases, comprising lesions of the brain, general paralysis, acute and chronic mania, hysteria and hypochondria.
5. Those who are sleepless from purely psychical disturbances.
6. The insomnious from cerebral or physical fatigue.
7. The insomnious from genito-urinary disorders.
8. Those suffering from febrile conditions, infectious or autotoxic.
9. Those suffering from poisoning from coffee, tea or alcohol.

He then proceeds to enumerate those methods which have met with success in his clinical experience in treatment of these various forms and conditions of sleeplessness. The careful reader of his paper would be at once struck with the wide range taken in his therapeutical suggestions and will at the same time be impressed by the fact that routinism does not receive from this eminent clinician any support. My own observations of insomnia, extending now over several years, in general practice, in general hospitals, and to a much larger extent than in either of the former, in hospitals for the insane, has satisfied me that the profession in general is too prone to adopt some one or two of the ordinary so-called hypnotics and to use those without very careful inquiry as to the propriety of their application, in all cases of insomnia coming under observation.

In numerous instances which I could report it has been found that the patients did much better after their admission to the asylum both as concerned sleep and an amelioration of their general nervous and mental symptoms when the hypnotics which had been prescribed were discontinued or very largely reduced, and tonics, proper food and attention to the personal hygiene of the patient substituted therefor. It is too often the case that physicians who treat insanity in its earliest stages forget or are oblivious of the fact that the symptoms which are most prominent, namely, sleeplessness, mental excitement or depression, and possibly disorder of one or more of the senses, are in a large proportion of cases the direct result of physical and nervous exhaustion and the imperfect elimination of the products of tissue waste and metamorphosis which, having been retained, have produced a state of auto-intoxication, of which the general symptom group presented in the patient is the evidence. To give such a patient chloral, the bromides, or opium in any of its preparations or any of the more modern hypnotics, would in many instances add a new feature to the complicated problem already presented rather than produce relief. Some of the most distressing complications of cases of insanity which I have seen have been due to prolonged use of the bromides.

It may not be out of place indeed to call attention to the fact that experience has shown that several of the new hypnotics and analgesics have been found by various independent observers to seriously disturb the digestive and renal functions and to produce themselves symptoms of toxic delirium. Five years ago I called attention to the fact that sulphonal, in some cases, caused diarrheal disorders and impaired intestinal digestion. Evensen (*Deutsche Medicinische Wochenschrift*, No. 10, 1894) a Danish physician, in two cases, and

Stein (*Therapeutische Monatshefte*, February, 1893) in one, found that hematoporphyrnuria was induced by sulphonal. In Stein's case there was albuminuria, necrosis of the tubules and other evidences of toxic nephritis. A case has also been reported by Schaffer, assistant at the Asylum at Heppenheim, in which similiar symptoms were observed.

Too little is known of the etiology of the rare condition known as hematoporphyrnuria, of which but a few cases have been reported, to estimate its exact significance, but it is certainly worthy of note that four at least, of the few, resulted from sulphonal poisoning. A drug which is capable of producing such serious blood changes is certainly one which should not be rashly prescribed. Habit cases have already been reported of sulphonal and phenacetine, and I have had under care a patient with the antikamnia habit. When the drug in this case was discontinued the patient had a chill followed by high temperature, delirium, and subsequent great prostration. This patient on admission was profoundly anemic and approached very nearly to the condition of a case of pernicious anemia. He had albuminuria and hematuria and evidences of profound toxemia. From these he rallied for a time, but subsequently died after leaving the institution, Hypnal has been too little used and tetranol and trional are of too recent origin to have experience concerning them accumulate, but they all belong to the same group and may be properly regarded with suspicion and used with care.

Paraldehyde, if used for but a brief time continuously, as I have had occasion to note, in patients admitted under its influence, produces a peculiar intoxication, and its taste and odor render its use disagreeable ; moreover, in patients with pulmonary disease its well known irritating effect upon the respiratory mucous membrane contra-indicates its use.

Of the purely analgesic drugs, like antipyrine, phenacetine and acetanilide, it is sufficient for the present purpose to say that they afford but temporary relief, that their use may develop into habit, and that serious circulatory disturbances and tissue changes have been attributed to their use.

It is to be deplored that the public has been taught that these drugs are harmless and has come to apply them without advice and often without necessity. This Faculty should issue a warning that has no uncertain sound, against the indiscriminate use of these, in some cases, dangerous compounds. I perhaps owe my hearers an apology for wandering so far from my text, but these points are among those upon which I have had to ponder in considering some of the problems which have faced me in treating the varying disturbances of physiological function which have been found in my patients and which have been some of the elements involved in many of them. Moreover, this seemed a good occasion to raise a protest against the popular use of these new hypnotics and anodynes.

The modern treatment of insanity and of nerve disorders in general may be summed up in tonics, food, rest and attention to personal hygiene, under which may be included attention to all the physiological functions. Why not therefore apply the general to the special indication in these cases and in place of prescribing an hypnotic simply as an hypnotic, attempt to combat the sleeplessness by such attention to the physical state of the patient as would be at once suggested were this condition not lost sight of by the more prominent symptom and apparently more distressing one of sleeplessness ? I am well aware that often in private practice the apparent necessity of quieting the patient and the importunities of friends induce the use of drugs which might not be employed under other circumstances and that in some cases sleep and quiet are absolutely necessary, and time will not permit any resource except the employment of hypnotic medicines. I have seen, however, more than one patient with a rapid, feeble pulse, a dusky, almost cyanotic countenance, dilated pupils, dry, brown tongue and restless delirium, pass into a condition in which

sufficient sleep was obtained by the careful administration of food, heart tonics and diffusible stimulants.

There are numerous cases of insomnia due to renal or heart disease and a long line of cases in which lithemia plays a prominent causative rôle, in which the sleeplessness is best met by attention to these conditions. Not only do we remove the insomnia by so doing, but we at the same time are upon the high road, and, indeed, the only road, which leads to a permanent improvement of the general nervous and physical prostration of the patient.

About seven years ago, Professor Lauder Brunton, in the *Practitioner*, called attention to the use of strychnia as an hypnotic. The use of the term hypnotic in connection with strychnia may sound strange to many, and strictly speaking it is not an hypnotic, except as any drug may be considered one which places the patient in a condition to sleep. He showed in this very suggestive article that strychnia by its direct action as a general tonic and by its action upon the nerve tissues themselves, produced such a condition that sleep was not only possible but was often, in cases under consideration, best produced by this means.

The employment of baths, massage, dry friction, mild counter-irritation to the skin, are methods so well known as to require little more than a passing notice.

The warm bath has advantages which few who have not systematically tried it appreciate. It may be made at once a stimulant to the circulation and then a sedative. Some seven years ago, A Symon Eccles, M.B.(*Practitioner*, March, 1888), showed that the administration of a bath for the purpose of inducing sleep was not as simple a matter as it seemed. The bath should be administered in a room whose temperature is 65° to 70° F. The patient is made to stand with his head over the edge of the tub, and his head and face are then rapidly douched with water at 100°. The cooling of the body by the air and the hot sponging of the head sends the blood to the head, dilating the vessels of the entire brain. The entire body is then immersed, except, of course, the head, in a bath at 98° F. which is rapidly raised to a temperature of 105° to 110° F. In a few minutes the patient is taken from the bath wrapped in warm blankets and without exertion on his part taken to his room. The blankets absorb the moisture, in his room his night clothes are put on, a warm bottle placed at his feet and possibly some warm liquid food administered. The sedative and refreshing result is often most marked.

The theory of this proceeding is easily comprehended. After the vessels of the brain have been filled by the cooling of the skin of the body and the hot douching to the head, the warm bath dilates the vessels of the trunk and extremities with corresponding contraction of those of the brain, which, with the slowing of the heart induced by the bath, reduces the supply of blood to the whole brain, and at the same time the vascular sewers of the brain, if I may be permitted the term, have been flushed, and blood charged with the products of tissue waste, of disordered digestion, or with various toxic elements of internal or external origin, has been replaced with a fresh supply.

Some patients cannot be subjected to this method for one reason or another. For these, massage, sponging of the body, followed by hot sponging for from three to five minutes from the vertex to the tip of the spine and subsequently brisk friction with Turkish toweling of a portion of the body at a time until the whole body has been gone over, will be found a fairly efficient substitute.

If massage can call into the blood stream, as seems to be the case, blood corpuscles which have lain hidden and dormant in the capillary system, it is not too wild a conjecture to infer that the cerebral circulation can be quickened and the entire vascular system of the brain flushed out in this or some analogous manner. Massage, moreover, appears to increase the local blood supply in the manipulated parts at the expense of deeper structures and to cause lower blood-pressure conditions, both favorable to sleep.

The hot pack to the abdomen, preceded by friction of the limbs and kneading of the abdominal walls, will, in certain cases, be of great service. In all of these cases the administration of hot milk, oat-meal gruel, or the animal broths, will be an efficient adjuvant.

If we take the classification of insomnia as laid down by Professor Sée, it is quite evident that not many of our cases can be placed arbitrarily in any one of the divisions which he makes. There may be, for instance, a combination in the production of insomnia of pain, cardiac disease and some condition of toxemia. If, however, we examine the cases as he presents them—and they correspond very closely to the general experience of all of us—it will be found that it is in the first class, the cases of insomnia from pain, and almost in that class alone, that we require morphia or some similar preparation. Those numerous cases of insomnia which depend upon some disorders of digestion, either gastric or intestinal, are not infrequently the most difficult ones to treat. It is plain, however, as Professor Sée says, that narcotics and hypnotics are of little or no utility in these cases. He attributes in many of these cases the cerebral agitation to an excessive acidity or what he terms "hyperchlorhydria," in which cases he prescribes drachm doses of bichlorate of sodium in a glass of hot water on retiring. Many of these cases are due to, or complicated by, intestinal indigestion or fermentation. In such cases naphthalin will be found of considerable value, and an improvement in sleep and in the patient's mental state has been observed to follow its use.

Next in order possibly to the cases of insomnia from digestive disorders are those arising from lithemia or uremia. In the lithemic cases exercise which favors the complete transformation of the waste products and promotes excretion and circulation will always be found beneficial. In those cases in which active exercise on the part of the patient cannot be taken, the passive exercise of massage will be found to be a fairly efficient substitute. These cases are quite analogous in many respects, in the matter of treatment, to those conditions of insomnia arising from digestive disorders and they also bear an intimate relation to the cases of toxemia either from substances taken into the body or from auto-intoxication.

In some of these latter cases, and especially in cases of alcohol and opium intoxication and the insomnia resulting therefrom, the prolonged warm bath with brisk friction following, or occasionally the wet pack, have in several instances in my own experience proved of remarkable value. In some cases of alcoholic and in many cases of opium intoxication, the condition of the heart is such that the prolonged warm bath can only be administered by exercising great caution. The heart must be supported occasionally by stimulants and it is always a good plan to give to these cases during the bath some easily digested liquid food, as, for example, hot milk or hot beef tea.

I am aware that in this somewhat discursive presentation of the subject I have but touched upon the salient points as they have been suggested to me in clinical experience. They are not offered with the expectation of instructing the members of this Faculty, but with the view of eliciting for my own, as well as for the benefit of others, the experience of my hearers.

Fissure of the Nares.—Castex, in the *Revue Internationale de Rhinologie*, as quoted in the *American Medico-Surgical Bulletin*, has seen a dozen patients who complained of a severe pain at the entrance of the nares. Nothing abnormal appeared on a superficial examination, but a careful search revealed a small fissure, situated at the union of the nasal septum with the anterior extremity of the wing of the nose. It is especially frequent in nervous subjects, and in one case the symptoms arising therefrom were always coincident with those arising from exacerbations of a granular pharyngitis. Patients frequently show a herpetic tendency.

THE PREVENTION OF CONCEPTION.

ITS PRACTICABILITY AND JUSTIFIABILITY.

Read before the Gynecological and Obstetrical Society of Baltimore, January 29, 1895.

By William Pawson Chunn, M. D.,
Baltimore.

The above written title will serve as a text for a few remarks on the method or means of conception, as well as the consideration of its prevention.

While sterility is looked upon as a misfortune, fecundity is generally regarded as one of the blessings of Providence. The old injunction "crescite et multiplicamini" is still in force and much has been said and done by way of carrying out this doctrine. Its advantages are obvious in many cases. After war and pestilence and in newly discovered countries we recognize a few of the conditions where a rapid increase of the population is most particularly beneficial.

Such reasons in time past have induced kings and rulers to distribute to the peasantry large sums of money so that the woman having the largest family received the greatest share. So it will be seen also that in following out this course, anything that resulted in fertility, or any means furthering conception, was duly approved and recorded in the writings of the day.

Indeed it is only necessary at the present time to look through any appropriate text-book to find that while every author treats of the cure of sterility, not one mentions the prevention of conception. This no doubt arises from the fact that among the older writers there was no trustworthy preventive known, and from the general opinion that such things are regulated and controlled by a divine Providence.

This opinion is still prevalent, as I had occasion to find out a short time ago as follows. It so happened that for certain good and sufficient reasons I warned a patient against such an accident as future pregnancy. As a natural consequence she asked how it could be avoided. I replied by saying I would have a certain prescription filled for her by the druggist. Upon going to the druggist and incidentally speaking of the object in view, he simply said, "I am a Roman Catholic and would prefer that someone else should fill the prescription."

Right here, then, comes up the question: "Is the prevention of conception justifiable? Doubtless, some will say it is not, and that it would be flying in the face of Providence to prevent a fertile woman from conceiving. Why, then, should some of these fly directly in the face of Providence by splitting up the cervix of a sterile woman whom nature never intended should conceive? Why charge $250 to dilate a contracted cervical canal when Providence has intended such a woman to be barren? Why make an artificial vagina when Providence has evidently placed that bar to conception?

If it is admitted that Providence intended some women to conceive and others to be barren, it is certainly just as immoral to force a barren woman to become pregnant as it is to prevent a fertile woman from conceiving. And, moreover, some go so far as to say it is improper treatment not to prevent a woman from conceiving under some circumstances.

Before going into these circumstances it may be well to inquire a little concerning the manner of conception.

Ordinarily, the male element is supposed to make its way through the vagina, uterus and tubes, by its inherent vitality, finally meeting the ovum in one of the Fallopian tubes, in which case pregnancy possibly ensues. It has also been stated that the uterus exercises a

sort of suction force by which the vitalizing germs are carried into the body of that organ. The first theory is the one generally received at this time and is most probably correct. The second theory would depend for its verification upon the fact that air was or might be present in the uterus after sexual congress, or otherwise no suction force could have been exerted.

The walls of the cervix at the external os, in the cervical canal, at the internal os and in the cavity of the body of the uterus in the unimpregnated condition, lie in opposition so far as my experience goes. It would seem, therefore, that this second theory is without foundation. It would follow then that the fertilizing principle is simply deposited in the vagina and about the cervix and that for pregnancy to ensue it must find its way up into the uterus above.

As the movement of the spermatozoa are slow, this must be a matter of some little time. To show the vitality of these cells, however, it is only necessary to say that pregnancy has ensued where the spermatozoa was not introduced into the vagina at all but only deposited about the vulva.

It is not supposed that the uterus is capable of any voluntary action in the matter, as in that case it would be under the cerebro-spinal system of nerves instead of the sympathetic. Such evidence would go to show then that if the vitalizing germs could be entirely washed out of the vagina or neutralized conception could not occur. It is well to consider here in what case, if any, it is lawful and proper to use means to prevent conception.

A medical man said some time ago: "Women were divided into two classes, viz., those who wanted children and those who did not want them." Now, then, what are we to do for those that not only do not want them but can not have them? Let us consider, for example, a woman with a fibro-myoma of the cervix where natural delivery is impossible. We know such cases do occur. Shall we try to prevent conception or shall we prepare to do Cesarean section? Which method would the woman select if the choice were left to her? The answer seems obvious.

How about those cases of pelvic deformity where a viable child at term, born in the natural way, is an impossibility? Shall we try to prevent conception or get ready for celiotomy? What would the patient say if the question were left to her? Can anyone doubt the answer? If an ounce of prevention is worth a pound of cure right here would seem to be the place for the ounce of prevention. In both classes of cases mentioned here I have seen one example and it is probable other members here present remember like instances.

All cases of contracted pelves, pelvic tumors, cancers, etc., may be included in the class where the prevention of conception is justifiable and to be recommended. Let us consider then what means we have at our disposal to accomplish the desired result. Where pregnancy is liable to prove fatal we can advise and insist on the cessation of sexual relations. This advice is not generally followed, as series of three or four Cesarean sections on the same women have abundantly proven. In these cases where celiotomy and Cesarean section have been done three or four times on the same woman, it has seemed to me to have been a great mistake not to have taken out the ovaries at the first operation. If the woman is young and it is desirable to prolong sexual life and vitality, why not tie a string around the uterine ends of the fallopian tubes? This last procedure would effectually prevent the ovum from descending on the one side and the semen from ascending on the other. It is a simple procedure and attended with little danger.

For a man to calmly wait with a knife in his hand to rip open a woman's belly when the necessity for so doing can be avoided is not to my mind an edifying or humane spectacle. On the other hand, I do not go so far as to say it is right to take out a single woman's ovaries who is viciously inclined simply to prevent her having children so that her family may not be disgraced. This operation, however, has been done for the purpose mentioned.

It is needless to say that to prevent

husband and wife from living in the usual relationship may be imposing a most exacting restriction upon both and that such a restriction is not liable to enhance moral rectitude in so far as the male is concerned. So after all it is the choice of the lesser evil.

What other methods are there then which would serve the purpose? Means which prevent the male product from entering the vagina, such as the condom, are considered injurious and therefore are not to be further considered here. The usual method pursued by most women is to use some sort of vaginal syringe and is usually accomplished in the following manner: The end of the syringe being inserted in the vagina, the upright position is assumed and the douche is taken over a commode or in a stooping posture over some other vessel. The water here simply follows out the nozzle of the syringe, the vagina is not fully distended and consequently the semen is not completely washed out.

That this method is most ineffectual was very forcibly impressed on the writer a few days ago. A woman had been treated four months for vaginitis by a well known gynecologist without relief. At the end of that time she fell into my hands. After making the usual applications to the vagina at the office, I directed her to take a douche at her home twice daily flat on her back on the floor, with the hips elevated on a bedpan. This was the first time the horizontal position had been assumed. In seven days the vaginitis had entirely disappeared. The disappearance of the inflammation seemed to me to show plainly the relation between cause and effect.

There may be no hesitation in affirming that this method presents one of the most certain and harmless preventives at our disposal. One or two triturates of the bichloride of mercury added to the warm water will materially aid the purpose in view. Of course there are disadvantages and some little time and trouble must be expended to ensure success, but considering the fact that nearly every woman has the intelligence and means at her disposal for completely washing out the vagina after conjugal relations, it is her own fault if she sees fit to disregard measures intended for her own protection.

In case objection is made to the foregoing, on account of circumstances or inherent laziness, another procedure may be advised, and this leads me to refer to the case already mentioned where the druggist showed scruples. This woman was a patient of mine and was truly, so to speak, "ripped from stem to stern." Her husband weighed over two hundred pounds and her three children at birth were of unusual size. Each child was born at the peril of her life. Now why, I ask, should this woman be subjected to future pregnancies and grave risks if means are at hand for preventing the same? Why allow the children already born to run the risk of becoming motherless if such a contingency may be avoided? Whom would it benefit if this woman's husband should become a widower?

For these reasons it seemed to me only right and proper to use such remedies as lay in my power to prevent the cause of threatened calamity in the future. For this reason then I had prepared and made in suitable form a number of vaginal suppositories composed of cocoa butter, containing ten per cent. of boracic acid. One of these suppositories being introduced into the vagina before congress, dissolves in from three to five minutes. The cocoa butter having melted and the boracic acid having been set free, acts as an effectual germicide, and moreover, being applied to the various parts of the vagina and cervix, remains in contact with those parts as long as any other fluid those organs may contain.

This application causes no discomfort of any kind and would seem to be entirely harmless. These suppositories may be easily kept and carried from place to place and for convenience of application are far superior to any other method mentioned. Tannic acid, bichloride of mercury or any other germicide may be used in place of the boracic acid. For efficiency it may be considered next in value to the vaginal douche, if not equal to it. These suppositories are also most valuable in the

various forms of cervical and vaginal inflammations. It is also apparent that in case of any contraction of the uterus by which the cervical mucous membrane may be forced down or everted during coition and by subsequently receding might draw in the semen with it, the suppository being first in the field would render such action of the womb futile and without effect.

It is only necessary that the germicide be pushed up into the vagina against the cervix and this may be accomplished without any previous retraction of the perineum.

In case the cocoa butter does not dissolve with sufficient rapidity it is well to mingle with it a few drops of olive oil or glycerine. If experience should determine this method reasonably safe and to be depended upon it will no doubt supersede all other means for the prevention of conception.

Some four years ago I had occasion to advise another woman concerning the danger of future pregnancy and in order that her husband might be as well instructed as herself in the matter she accompanied him to my office. While making a vaginal examination it was demonstrated how easy it is to depress the perineum and slip a wad of cotton into the vagina, the woman being in the dorsal position and the index finger pressing back the perineum. Mr. X was of the opinion that he could perform the necessary manipulation as well as I could. He therefore had a number of borated cotton pledgets about the size of an English walnut and tied a short string to each. After conjugal relations one of the pledgets was soaked in a bichloride solution and introduced into the vagina, the index finger of the left hand being used as a perineal depressor. This woman had had four children at short intervals. The husband met a few days ago and was profuse in his expressions of gratitude, three years having passed without further increase in his family. The cotton may remain in the vagina a short time or may be removed the next morning.

Some women, as is probably well known, use sucessfully what the French call a womb veil, consisting of a small soft rubber cup sourrounded at the brim by a flexible rubber ring about an inch or inch and a quarter in diameter. This contrivance is harmless and in some instances is doubtless effectual. It is, however, open to the objections that only a limited number of women would know how to make use of it and from the fact that the cup is liable to be displaced during intercourse. For these reasons, therefore, this method is not largely employed.

In case a determined woman has decided to prevent conception if possible and for sufficient reasons, I should recommend a vaginal suppository before sexual relations and a vaginal douche immediately after taken in the dorsal position, as before mentioned. This would undoubtedly seem the safest plan outside the condum.

By way of conclusion, it may seem fitting that some apology be made for the crude and imperfect way in which the subject has been brought before you, and it is also possible that from want of scholarly attainment or lack of policy in presenting unvarnished facts some one's sense of delicacy may have been offended. But yet, if my advice has chased dull care away, or been the source of comfort to any human being, why should I feel ashamed ?

Removal of Tubes and Ovaries.—Dr. J. G. Mumford, in writing on the ultimate results of the removal of the ovaries and tubes, in the *Boston Medical and Surgical Journal*, draws the following conclusions :

1. Cases for operation should be carefully chosen.

2. The patient's general health previous to operation should be more carefully looked to.

3. She should be kept longer in the hospital or under treatment.

4. The imperative cases, as a rule, show a better subsequent history than the elective.

5. The cure is more often relative than positive.

SOCIETY REPORTS.

BALTIMORE MEDICAL ASSOCIATION.

STATED MEETING HELD NOVEMBER 12, 1894.

Dr. J. I. Pennington in the chair.

Dr. John W. Chambers reported cases of INTESTINAL OBSTRUCTION. The first patient was a man 65 years old. His previous health and family history were good. He was attacked with symptoms of indigestion (vomiting, etc.), which were rather slight. They continued nine days before Dr. Chambers saw him. He then vomited stercoraceous matter. The abdomen was markedly distended. Coils of intestine were seen through the abdominal walls. No tumor was discoverable. The abdomen was tympanitic. Pulse wiry; tongue coated and dry. Examination by the rectum revealed nothing. Incision revealed a portion of the gut caught in the left inguinal region. This was easily reduced and the patient made a good recovery.

Second case: A negro man aged 24, who had suffered four days with acute obstruction when Dr. Chambers saw him. No fever. Tympanites well marked. Abdominal incision was insisted upon by Dr. Chambers, but the patient refused an operation. He died in twenty-three hours. The necropsy showed that the vermiform appendix was adherent to the intestine and the gut was caught in the ring thus formed.

The third case was a sailor aged 38 years. He had an attack of cholera morbus. Then when lifting a heavy weight he felt a severe pain in the abdomen. When Dr. Chambers saw him, the facial expression showed his illness more than anything else. He insisted upon sitting up. The remarkable feature of the case was that the abdomen was perfectly lax. Next morning preparations were made for exploratory incision in the abdominal walls. The intestines had passed up into the pleural cavity through an opening in the diaphragm. They were placed back into the abdomen as much as possible. Patient lived three hours. Dr. Chambers first thought and said that it was a diaphragmatic hernia, but hernias do not have so much of the intestines caught except those post-peritoneal hernias. There were two features of importance, the absence of abdominal tension and nothwithstanding this he was suffering with great dyspnea. The intestines were pushed up into the left pleural cavity. There was no congestion in the right lung and but little in the left. Vomiting was persistent. It was an interesting case, but whether or not it is instructive so far as enabling one to diagnosticate diaphragmatic hernia, is doubtful. The cause was most likely congenital. The patient said that all his life he had been subject to a little crampy pain at times.

The fourth case was one of umbilical hernia. Patient weighs about 300 pounds and her height is 5 feet, 2 inches. She was seen by Dr. Pennington two days before Dr. Chambers saw her. After eating huckleberry pie she was taken with acute indigestion. There was more or less collapse when Dr. Chambers saw her. Umbilical hernia had existed for years. An operation was performed and she recovered.

The fifth case was one of imperforate anus. An incision was made in the left side. The sigmoid flexure was pulled down and an artificial anus was made.

The sixth case was a child seen with Dr. Streett. There were imperforate rectum and anus. Operation was refused and the child died. The necropsy showed that death was due to asphyxia, owing to the abdominal contents pressing upon the diaphragm.

The seventh case was one of imperforate rectum in a child that died. The causes of death, as in the last case, were mechanical.

All cases are liable to become strangulated. Most chronic obstructions occur in old persons in the large intestine; acute, in young persons in the small intestine. It is estimated that one out of every 500 deaths is caused by intestinal obstruction. The causes of death are, in many instances, vomiting; tympany; perforation and general peritonitis; and general peritonitis without perforation. Diagnosis: Often unable to say before-

hand what form of obstruction exists. The symptoms are pretty much the same. Pain is most frequent in the region of the umbilicus. The degree of shock and collapse depends mostly upon the individual. The moment the diagnosis of intestinal obstruction is made, the case ceases to be medical and becomes surgical. Dr. Chambers thinks that both a physician and a surgeon should be in attendance in such cases. The danger is not in the operation but in the abnormal condition that exists. The question is whether the case presents some dynamic condition or a real obstruction. The main point is to make a diagnosis and make it soon, but it is a difficult thing to do. Dr. Chambers then exhibited Senn's plates, Murphy buttons and specimens.

Dr. E. G. Waters spoke of the necessity of making an early diagnosis and of relying upon surgical measures exclusively. He mentioned cases seen by him presenting the phenomena related by Dr. Chambers, but the subsequent history showed that there was no mechanical obstruction. He related the case of a girl who while practicing gymnastics felt something give way and then experienced severe pain. He saw her on the next day. The pain was midway between the umbilicus and the anterior superior spine of the ilium. Medical treatment was employed. Dr. Waters was in great anxiety as to the diagnosis, but in a week he became satisfied that the bowel was pervious. Acute pain persisted for some days, until more active treatment was instituted, and then it disappeared and the fever subsided. He saw one patient who died from asthma. Necropsy revealed no mechanical condition to account for death.

Dr. John D. Blake: Unfortunately for us and for our patients there are such violent exceptions to all rules that it will be a long time before we will arrive at the point where we can make a positive and early diagnosis. Two years ago Dr. A. C. Pole asked him to see a case previously seen by Dr. L. M. Tiffany, in which both had said that an operation was imperative. Dr. Blake made arrangements to assist in the operation. It, however, was not performed. Dr. W. C. Van Bibber was called in and employed electricity and the patient recovered. He also related the case of a young man with appendicitis. He and a consultant advised an operation, which was refused. He recovered, had a second attack, again refused an operation, had a third attack and died. In acute obstruction Dr. Blake relies more upon the pulse than anything else. Three or four weeks ago Dr. Hill of Arlington sent a patient to the hospital and told Dr. Blake to operate at once. He was in profound shock and had a large hernia. The operation showed that the trouble was not with the hernia but the bowel in the abdominal cavity had ruptured. He washed out the cavity, sewed up the incision and the man recovered. Dr. Waters' case was an interesting one owing to the location of the pain, which was in McBurney's line. He suspects that it was some substance slipping in and out of the appendix. Septic peritonitis is frequently mistaken for obstruction of the bowel. No action is possible because the bowel is paralyzed.

Dr. James E. Gibbons was called last summer to see a man taken (as supposed) with cramp colic. Medical treatment was employed and he improved, when the next day the pain returned. Dr. Waters saw him with Dr. Gibbons, and Dr. Tiffany also saw him, but an operation was not deemed justifiable on account of the patient's condition. He died and the post-mortem revealed that he had had appendicitis.

Dr. David Streett asked Dr. Blake if he had ever seen a case of frequent pulse, pain, collapse and stercoraceous vomiting that was not intestinal obstruction.

Dr. Blake had seen it in intestinal impaction.

Dr. Streett spoke of the difficulty of making a diagnosis. Dysentery is assigned as a cause of obstruction, and yet we have dysentery in intussusception.

Dr. Chambers: We sometimes have an acute condition of the gut with a chronic condition of the patient, a factor about the individual that every physician must appreciate. Open the belly

at once and see what is the matter. The symptoms of intestinal obstruction are the same as those of a strangulated hernia minus the tumor.

EUGENE LEE CRUTCHFIELD, M. D.,
Recording and Reporting Secretary.

CORRESPONDENCE.

DISEASES OF THE STOMACH.

Editor MARYLAND MEDICAL JOURNAL.

Dear Sir:— The rise of a specialty in medicine is marked by the appearance of journals especially devoted to it. We are glad to inform you that the new specialty of "Diseases of the Digestive Organs" is about to have its own publication, the "Archiv für Verdaungs krankheiten," which will appear in April, will be published in Berlin by by S. Karger. The editor is Dr. J Boas of Berlin, the well known author of a work on "Diseases of the Stomach."

He will be assisted by specialists in Germany and other countries. The Archive will contain original articles, besides reviews and abstracts of recent literature and will embrace diseases of the stomach, intestine, liver, pancreas and peritoneum, constitutional diseases and dietetics. Those interested may communicate with the editor or the publisher.

Yours truly,
JULIUS FRIEDENWALD, M. D.

MEDICAL PROGRESS.

THE THYROID TREATMENT.—Ewald (*British Medical Journal*) relates a case of myxedema greatly improved by this treatment. The relative absence of effect with the thyroid extract was striking in this case, for the curative action was really only noted when thyroid tabloids were used. During a period of observation no change was found in the nitrogenous products of the urine, and the body weight also remained fairly constant during this period. Sugar appeared in the urine during the administration of the tabloids, and ceased when they were discontinued. The author remarks upon the question of exact dosage and suggests that perhaps the active principle might be obtained by dialysis after the thyroid gland had been subjected to peptic digestion. He then refers to the use of this treatment in psoriasis and especially in cretinism. He has treated two cases of Grave's disease in this way without benefit. In three cases of obesity no effect was noted in 1, and a loss of 3.5 kilos. in weight was registered in another, but the weight increased again eight weeks after the cessation of the treatment. The third patient lost 9.2 kilos.; here the general appearance somewhat suggested the presence of myxedema, but the characteristic symptoms were absent. In eight cases of struma simplex treated by Kuttner in Ewald's clinic with thyroid tablets, a diminution in the size of the goiter was noted in every instance.

* * *

TREATMENT OF CERTAIN GASTRIC AFFECTIONS.—From a recent article of Dujardin-Beaumetz (*Bulletin Général de Therapeutique*, October 15, 1894) and quoted from *The Therapeutic Gazette*, we cull the following: Every individual suffering from disease of the stomach in whom there exists a true arrest of gastric function, or a tendency to such a condition, should, on going to bed, lie on the right side, in order to facilitate the passage of the food into the duodenum. Lying on the left side gives rise to the formation of a large amount of gas, accompanied by a regurgitation into the esophagus of the products of digestion. Patients should make use of warm drinks. The usefulness of these is evident; in fact, warm water is one of the best means to excite muscular contractions in the stomach, but it is liable to cause vomiting. It is, therefore, preferable to administer infusions of chamomile, aniseed, or some other similar aromatic substances, and as warm as they can be borne. In these cases the ingestion of mineral waters is likewise useful. Alkaline waters in small doses, half an hour to an hour after meals, increases the secretion of gastric juice and its acidity; hence their advantage in

cases of dyspepsia attended with a subnormal amount of hydrochloric acid in the gastric juice. Even in those cases where there is an excess of this acid, the alkaline waters do good, and in these instances through a different mechanism : they influence the mucous membrane of the stomach, so as to diminish its congestive and inflammatory condition, which is often the origin of the hyperacidity. The same may be said in regard to the use of bicarbonate of sodium, which should be administered during or after meals. A very good adjuvant in these cases of slow digestion is massage; this measure not only enhances muscular contraction of the walls of the stomach, but also increases the secretion of gastric juice, and manifestly modifies for the better chemical changes during digestion.

* * *

Sea Water and Menstruation.—Houzel (*British Medical Journal*) has published a series of statistics on menstruation in fisherwomen on the French coast. They lead a hard life, and are ill fed. They spend a great part of the year shrimping, which involves immersion for hours in sea water, often above the waist. They walk about in their wet clothes afterwards selling their shrimps. In winter they pick mussels out of rock pools at ebb tide, and return to town carrying baskets full of the molluscs, dripping over their clothes, the water sometimes freezing as it falls. All the 123 fisherwomen interrogated by Houzel insisted that the catamenia were always easier when they were actively at work at their calling. Some found that the period became painful or scanty when they led a temporarily dry life, and returned to its normal state when once more they walked in the sea to earn their bread. Puberty comes on rather earlier than in landswomen, the menopause later, and the fertility is markedly high. In short, fisherwomen are strong, and their period is maintained at a normal point more steadily than is the case with other women. Houzel, however, sees a direct relation between the immersions and the normal catamenia. He notes that lady visitors, after a few days' acclimatization, find that sea bathing is excellent for regulating the catamenia.

* * *

A Prescription for Phthisis.—Dr. Thomas J. Mays suggests in the *Philadelphia Polyclinic* the following prescription for use in the treatment of pulmonary phthisis :

℞.—Phenacetini. . gr. xl
Strychniae Sulphatis. gr. i
Ammonii Chloridi. 3i
Quiniae Sulphatis. gr. xxxii
Pulvis Capsici. . gr. x
Pulvis Digitalis. . gr. vi
Ferri Sulphatis. . gr. xx
Atropia Sulphatis. gr. $\frac{1}{30}$
M. Ft. capsulas No. xxxii.
Sig. One capsule four times a day.

He thinks that every ingredient is incorporated for the purpose of fulfilling certain well defined indications, but he adds that drugs always play a subsidiary, although not an unimportant, part in the treatment of pulmonary consumption.

Any form of drug treatment unassociated with strict management and control of the patient in every particular will finally end in disappointment to both physician and patient. Therefore, whatever drug treatment may be adopted, the fact should not be forgotten that well-regulated rest and an abundance of nutritious and easily digested food precede it in importance.

* * *

Operative Treatment of Wry Neck.—Mikulicz (*British Medical Journal*), dissatisfied with the results both of subcutaneous and open division of the sterno-mastoid in cases of caput obstipum, advocates almost total removal of the contracted muscle, the posterior part of its upper extremity, where it is traversed by the spinal accessory nerve, being left. He has practiced this operation in seventeen cases with success, the only bad result having been disfigurement of the neck caused by the absence of the muscle. Examination of the removed muscle in these cases has convinced him that wry neck is the result of a chronic inflammatory condition — myositis fibrosa — involving the whole of the sterno-mastoid.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

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SEE PUBLISHERS' DEPARTMENT, PAGE 353.

BALTIMORE, FEBRUARY 23, 1895.

VERY cold, clear weather brings great hardships to those without shelter, but as a rule there is less illness and a lower mortality under these conditions than at other times. It is the thaw and melting following the cold snap which is so full of danger, and this is particularly true in the streets of a city. It is almost impossible to clean off all the snow, for while the pavements and car tracks may be freed from it, the space between these two avenues grows to be veritable mountains of dirty snow and slush, which in melting gives the atmosphere a raw and chilly feeling, and which in some obscure way seems to have a close connection with disease of the respiratory tract.

The Streets and Disease.

This past week in many cities the deaths from pneumonia have been greater than usual, and the number of cases of so-called grip, bronchitis and aggravated phthisis is far above the average. Attempts are made in large cities not only to shovel the snow from the main avenues of travel, but to remove it altogether from the streets, and extra forces of men have in some places shown traces of their work.

As long as pure snow and ice is carted off and dumped on some outlying vacant lot, there is little danger of carrying disease, and the public is well served, but when this half-melted snow and ice has become thoroughly mixed with dirt then the mere dumping on vacant tracts of land tends to make a breeding place for disease. If dirt is matter out of place, as the definition has been given, it is just as much out of place on empty lots near civilization as it is on the city streets where there are chances of removal by a heavy rain.

Cities with underground drainage and an efficient sewage system have only snow to contend with, but the cities who let all their filthiness run over the surface, trusting to heaven's rains for its ultimate removal, are in a bad way when this outflowing waste water freezes on the way, and as a thaw comes only to lie in a half-melted condition to be a menace to the health of those exposed. Cities may attempt to help out their inefficient street cleaning force, by making a law that each householder shall clean off the pavement and open the gutter in front of his house, but this is in so many cases imperfectly done that overflowing gutters and waste pipes are the rule rather than the exception.

New York City is particularly fortunate in having a street cleaning commissioner who is a sanitarian, and who places more importance on keeping the streets in good condition than in distributing patronage and filling the pockets of himself and his friends with the money which should be used in the performance of his duties. The millennium has not come in New York, but such improvements lead one to believe that there is hope in other cities for just that kind of reform which will do the greatest good to the people, and by removing dirt and filth diminish the disease and death rate.

* * *

AN exchange is advocating abolishing the evening office hour in order that the physician may have rest from work and not be so confined, and obliged to distribute his office practice over a long period when a short time would do as well. The average specialist has usually one session in his office, lasting longer, however, than the general

Evening Office Hours.

practitioner's, but the physician who confines his practice to no one branch and specialists of a certain kind, as the venereal specialist, must have evening office hours for those who would come in during the time of darkness.

The average physician is very loth to be in his office too early in the morning, especially if his night work keeps him up late, and also, if the average business man, who too often goes down town before his physician has begun his morning work, cannot find one man at home in the evening he is very apt to drift to another who has hours to suit him. It would be very difficult to make any general rules about office hours, for there are plenty of physicians who would be only too glad to select that very time when their colleagues had no hours, to pick up all the stray crumbs possible. The evening office hour is very confining and at times very unremunerative, but the time has not yet come when the physician who pretends to do any general office practice at all can do it all in the morning.

There are a few physicians in every city who from early professional life have avoided the office, experience having shown them that outside visiting is more remunerative to them and more certain, for while the patient may not always feel like going to the doctor, the doctor can easily go to the patient. The recent blow to the "sun-down" doctors in Washington by which they are cut off from practice has very effectually settled the question for them. Many physicians have one session only on Sundays, holidays and in the warm months, but as long as evening office hours pay they will hardly be cut off.

* * *

Kissing and Dyspepsia.

THAT some health boards in their crusade against disease have inveighed against promiscuous kissing has in general been taken seriously and the dangers of allowing strangers as well as friends to kiss the baby and other children has led many mothers to particularly warn the nurse against allowing every one who looks at the child to slobber over it. The English medical journals have been much amused at the supposed attempt to abolish kissing in every form in this country.

The *British Medical Journal* communicated with a number of persons regarding the dangers of infection, with the result that most of them seemed to think that these dangers were exceedingly small while human nature was very strong, but one correspondent replied that not only was kissing not dangerous but that he was of the opinion that in the act of kissing we encounter beneficent organisms which are useful in digestion.

It takes a cold, calculating bacteriologist without soul or sentiment to make such a statement as this. If such an opinion should become prevalent there would be another specialty added to the already long list and young women who embarked on the study of medicine with a feeling of uncertainty would simply have to take up the new treatment of dyspepsia, to insure a large clientèle.

* * *

Spelling Reformers.

A REFORMER is usually in the minority and it is very gratifying to note that reformers in orthography have not yet undermined the history of language and stamped their obtrusive methods of spelling on every printed page. The simplification of construction and spelling of a language may be an inducement for foreigners to learn that language and give it a better chance to become the international means of communication, but anyone who has studied the life and growth of language and has a love for philology (is it filolojy?), may give thanks daily that phonetic spelling and the dropping of silent letters has not yet been sanctioned by the best writers.

* * *

Absurd Legislation.

THE *Journal of the American Medical Association*, in speaking of the annual meeting of the Pennsylvania State Dairymen, clearly shows the absurdity of the legislation against oleomargarine. The editor of the Meadville *Messenger*, Mr. A. J. Palm, obtained three packages of "imitation butter," which he exhibited as butter and gave the names of three of his dairymen friends as exhibitors.

As a result of this trick, the one pound package of imitation received second premium, and a third premium was awarded on the five pound package. The five pound package of imitation butter scored one point higher than the best dairy butter in the one pound package.

MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending February 16, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		37
Phthisis Pulmonalis		19
Measles	8	1
Whooping Cough	5	4
Pseudo-membranous Croup and Diphtheria	12	4
Mumps		
Scarlet fever	20	4
Varioloid	1	
Varicella		
Typhoid fever		1

The Practitioner of London is now under the editorship of Mr. Malcolm Morris.

The Big Four Railroad has a hospital at Indianapolis with branch hospitals at convenient points.

Dr. A. G. Sinclair has succeeded the late Dr. F. L. Sim as editor of the *Memphis Medical Journal.*

The death is announced of Dr. E. D. Safford of Parkersburg, West Virginia. He was born in 1819.

Dr. J. H. Mitnick has removed from 412 North Exeter Street to 1911 North Payson Street, Baltimore.

Doctor D'Arsonval is the successor to Professor Brown-Séquard in the Chair of Medicine in the College de France.

The traveling physician is required to pay a license of $25 a day for permission to practice at Muscatine, Iowa.

Professor J. Burdon Sanderson has been appointed Regius Professor of Medicine in the University of Oxford, in succession to Sir Henry Acland.

The Bureau of Medicine and Surgery of the Navy Department has ordered Passed Assistant Surgeon Cordeiro to study the subject of the therapeutic value of the antitoxine treatment of diphtheria.

It was recently discovered that the seal of the University of Bologna had been counterfeited and affixed to a number of forged diplomas. It is believed that spurious diplomas, purporting to have been issued from other Italian universities, are also in existence.

Some clever exhibitors at a meeting of dairymen in Pennsylvania exhibited "imitation butter" as real butter and carried off several prizes. This is a parody on the law against imitations of butter.

The New York Academy of Medicine is a flourishing body. It has half a million of assets, 774 resident fellows, a self-sustaining bureau of nurses, and the library has been augmented by many additions.

The census of 1890 shows that there are 50,411 blind persons in the United States, or 806 blind to every 1,000,000 inhabitants. In 1850 there were 422 blind to 1,000,000. This shows that blindness is on the increase in the United States.

In France it has been decided in court that while a student has a right to take stenographic notes of a lecturer for his own use, these notes cannot be published without the sanction of the lecturer. The same law obtains in many States in this country.

The German Emperor has ordered his Chancellor, Prince Hohenlohe, to purchase the library of the late Professor Hermann von Helmholtz for the Imperial Institute of Physics in Berlin. The library is supposed to be the best private collection of works of their class in the empire.

Dr. Otto Heubner, director of the Clinic for Diseases of Children at the Charité in Berlin, has been made a Professor of Children's Diseases. Heretofore diseases of children have been regarded as a side issue at the University of Berlin, and Henoch, the illustrious predecessor of Heubner, was merely an honorary professor.

An exchange says that the London hospitals cost $900,000 more than the same number of beds maintained in the best manner would cost in Scotland or Ireland. Of the $2,610,000 expended by the London hospitals, but one-eighth goes to the patient, the rest being expended upon management, officials, and domestic expenses. It is further stated that the sick poor treated in these hospitals are usually able to pay for their doctoring and maintenance many times over and not be distressed. Some sort of common sense should be injected into such hospital management.

WASHINGTON NOTES.

Some time ago a bill was introduced in the Senate, providing for the treatment of inebriety in the District of Columbia. This bill provides for the erection and maintenance of a hospital and the following salaried officers: A medical superintendent at $1800, one hospital steward at $600, one male attendant at $480, one matron at $360, one cook at $180, one laundress at $144 and one female servant at $120. The hospital will receive and treat people who are indigent or able to pay. Those who are able to pay will have to do so. The Health Officer has endorsed this bill and the Commissioners have reported favorably on it, so it is to be hoped that the bill will pass.

The programme for the Medical Society of the District of Columbia at its last regular meeting was an interesting one, as follows: Dr. Sofie A. Nordhoff: Kinetic Therapeutics in Gynecology, or Thure Brandt's System. Discussion by Drs. H. L. E. Johnson, Scott and others. Dr. I. S. Stone: Cancer of the Ovary; Case and Specimen.

The Washington Obstetrical and Gynecological Society held its regular meeting on Friday night, the Vice-President, Dr. S. S. Adams, in the chair. The visitors were Drs. Edwin Ricketts of Cincinnati, Dr. G. Lewis and L. K. Beatty of this city.

Dr. Ricketts presented a Calculus which he had removed a short time before from the gall bladder of a patient. It weighed 120 grains. Malignant disease of the liver had been suspected previously. Dr. Ricketts also showed a new pair of forceps for holding the skin and peritoneum close together in abdominal sections.

Dr. I. S. Stone presented the specimen of a Cystic Ovary, with diseased tube, that he had removed a few days before.

Dr. John Van Rensselaer was the essayist of the evening and the title of his paper was as follows: "The Necessity for Early Operation in Mammary Cancer." The paper was very interesting and produced a great deal of discussion, which was opened by Dr. W. P. Carr. He favored the early operation and also microscopic examination. Drs. J. W. Bovée, J. Taber Johnson, Ricketts, T. C. Smith, W. W. Johnston and I. S. Stone took part in the discussion.

Dr. I. S. Stone presented a patient upon whom he had performed the operation of fixing the uterus to the abdominal wall. The patient had since borne a child, without a bad symptom, nor did she have pain as the uterus grew in size during pregnancy or when the bladder was full.

Dr. W. Sinclair Bowen presented a woman who had a Stricture of the Urethra. He had tried all sizes of catheters, even the smallest, but had been unable to pass one. A number of the physicians present examined the woman.

The Society then adjourned.

PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending February 18, 1895.

Colonel Charles C. Byrne, Assistant Surgeon General, is relieved from duty as Medical Director, Headquarters Department of Dakota, and announced as Medical Director, Headquarters Department of the East.

Lieutenant Colonel Henry R. Tilton, Deputy Surgeon General, is announced as Medical Director, Headquarters Department of Dakota.

First Lieutenant Guy C. M. Godfrey, Assistant Surgeon, will proceed without delay from Fort D. A. Russell, Wyoming, to Fort Omaha, Nebraska, and report for temporary duty.

UNITED STATES MARINE SERVICE.

Fifteen days ending February 15, 1895.

George Purviance, Surgeon, detailed as Chairman Board for examination of Assistant Surgeons for promotion, to convene in Washington, D. C., March 11, 1895. February 8, 1895.

J. B. Hamilton, Surgeon, granted leave of absence six days, February 7, 1895.

H. W. Austin, Surgeon, detailed as member Board for examination of Assistant Surgeons for promotion. February 8, 1895.

Fairfax Irwin, Surgeon, detailed as Recorder Board for examination of Assistant Surgeons for promotion. February 8, 1895.

W. G. P. A. Stimpson, Surgeon, to assume temporary command of Service at Port Townsend, Washington, during absence of Passed Assistant Surgeon J. O. Cobb. February 13, 1895.

J. M. Eager, Assistant Surgeon, ordered to examination for promotion. February 9, 1895.

Rupert Blue, Assistant Surgeon, granted leave of absence for six days. February 13, 1895.

Seaton Norman, Assistant Surgeon, ordered to examination for promotion. February 9, 1895.

BOOK REVIEWS.

MATERIA MEDICA AND THERAPEUTICS FOR PHYSICIANS AND STUDENTS. By John B. Biddle, M. D., Late Professor of Materia Medica and General Therapeutics in the Jefferson Medical College, Philadelphia. 13th Edition. By Clement Biddle, M. D., Medical Corps, United States Navy. With Numerous Illustrations. Philadelphia: P. Blakiston, Son & Co., 1895. Pp. 5 to 714. Price $4.

This popular book contains many additions of drugs from the United States Pharmacopeia of 1890. Londonderry and Buffalo lithia waters are added to the list of mineral waters. The stomach pump and gastric lavage are considered and the chapter on electricity has been revised. The chapter on incompatibility has been revised and one on prescription writing has been inserted. There are various changes in the book for the better. The remedies under the head of Topical have been rearranged. The appendix has been enlarged by the addition of a diet and dose list. This book has always been a great favorite with students and the present editor has done his work well. The illustrations are true to nature and of great assistance to the student.

DOSE-BOOK AND MANUAL OF PRESCRIPTION WRITING. By E. Q. Thornton, M. D., Ph. G., Demonstrator of Therapeutics, Jefferson Medical College, Philadelphia. Philadelphia: W. B. Saunders, 1895. Pp. 5 to 334; Price, $1.25; Saunders's New Aid Series.

This will prove to be a useful little compendium for any medical student. The grammar of prescription writing is given in full and one who has had a defective preliminary preparation to the study of medicine will find in this section all that is necessary for the correct writing of a prescription in Latin. The graphic method of comparing the two systems of weight and measurement is employed and by good illustrations they are made clear. There are many good hints throughout the book.

NOTES ON THE NEWER REMEDIES. By David Cerna, M. D., Ph. D., Demonstrator of Physiology and Lecturer on the History of Medicine in the Medical Department of the University of Texas, etc. Second Edition. Philadelphia: W. B. Saunders, 1895. Pp. 11 to 253. Price, $1.25.

This little work does not pretend to be a materia medica, but it will be of great assistance to the busy man who wishes to use the newer remedies to keep up with the times. In the revision some of the newest drugs have been added and the older ones dropped.

CURRENT EDITORIAL COMMENT.

COMPETITION IN MEDICINE.

Physician and Surgeon.

PHYSICIANS in the future must expect hard times if the new doctors are to furnish any competition. It is estimated that there are nearly twenty-five thousand medical students at the present time. How are eight thousand physicians a year to be absorbed, in the ranks of successful practitioners? Yet new medical colleges continue to be called for by philanthropic physicians anxious to do something for posterity. Posterity would often be better for being let alone.

HYPNOTISM AND CRIME.

The Journal.

WHILE the general phenomena of hypnotism have been fairly well understood by the profession, a very exaggerated opinion of the power of this condition has obtained among the laity. Sensational novels of the Trilby order have done much to spread, not a knowledge of hypnotism, but a more or less distorted caricature illuminated by the fervid necessities of the story writer. Sensational views like the above will be scouted by the scientific, yet there is a sufficient substratum of truth in the phenomena of hypnotism to make its medico-legal relations of great importance.

AN OVERCROWDED PROFESSION.

Medical and Surgical Reporter.

IT is not gratifying to professional vanity to be compelled to admit that medical services are subject to the same law of demand and supply which obtains with any other commodity. We may fancy that unbusiness-like methods of collecting and unlimited credit extended to every stranger are evidences of a charitable spirit and of the inherent differences between the proper conduct of a business and a profession. In many other ways we may seek to explain certain peculiarities in the relation of doctor and patient which do not exist in the case of lawyer and client, nor in that of salesman and patron, yet, after all, there is but one explanation, the overcrowded state of the profession, in which each competing doctor jostles his fellows for the sake of getting patients—as a vague possibility, patients that will pay large fees; by preference, patients that will pay something; but, if a last resort, any kind of suffering humanity that may serve as clinical material.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXII.—No. 20. BALTIMORE, MARCH 2, 1895. Whole No. 727

ORIGINAL ARTICLES.

CONFUSIONAL INSANITY.

Read before the Baltimore Neurological Society, Wednesday, February 13, 1895.

By W. L. Worcester, M. D.,
Late Assistant Physician Arkansas State Lunatic Asylum, Little Rock, Arkansas.

Mr. President and Gentlemen: In deciding how I might best discharge the duty undertaken in accepting the invitation with which you have honored me, I have felt somewhat at a loss to know how far I might assume that the choice you have made of a subject for this evening's discussion implies that you are not agreed in thinking it advisable to admit the term "Confusional Insanity" into our classification of mental derangements.

In view, however, of the fact that it has found but scanty recognition among the alienists of this country and that, in the discussion of the subject at the last meeting of the Medico-Psychological Association a prominent neurologist expressed the opinion that its use was only calculated to introduce confusion into the subject, it may not be amiss to consider briefly the reasons for its employment.

The term, of course, has reference to a symptom, and I am in entire sympathy with those who would, as far as possible, dispense with symptoms in the classification of diseases. Etiology and pathological anatomy are both far more satisfactory principles, so far as they are available, but I cannot help feeling, in spite of the eminent authorities who have advocated the claims of both, that attempts to make a complete and consistent classification of insanities founded on either of them are as yet premature.

In spite of the rapid increase of our knowledge, there are still many diseases of which we know little beside their symptoms. In neurology, for instance, hysteria, epilepsy, chorea and paralysis agitans, represent groups of symptoms, the pathology of which is still obscure. The term "insanity" itself is a symptomatic one, and there would seem to be no reason, *a priori*, for assuming that the many and various symptoms comprised under that head may not advantageously be subdivided.

I hardly suppose it necessary to dwell on this phase of the question, as I think the weight of authority is decidedly in favor of retaining the symptomatological principle in our classification of insanity. But the most difficult question remains, which are the symptoms which by their frequency, their importance or their independence, merit recognition in this way. The difficulty is aggravated by the fact that the symptoms of mental disturbance are prone to occur, not singly, nor always in uniformly associated groups, but in varied and complex combinations. Until recently, it has been the general custom to classify cases of acute insanity without recognizable anatomical lesions and not connected with the other neuroses under the heads of melancholia and mania.

Of late years, German writers have very generally recognized in their classifications, under various names, a group

of cases in which mental confusion is a prominent symptom, and which may, it seems to me, be most appropriately characterized as confusional insanity. I am not aware that their example has been followed by any English writers, and, so far as my reading has extended, I believe the same is true of the French. In this country, H. C. Wood has, I think, done most to call attention to the subject, of which his article in the *American Text-Book of Medicine* gives a very excellent account, although he seems to me disposed to restrict its definition too much.

Personally, I have never found the division of acute cases into mania and melancholia satisfactory, and the recognition of the importance of mental confusion has afforded me great relief from perplexity in attempting to classify my cases. Mental confusion consists in a disturbance of the normal association of ideas. All our knowledge consists in the association, in our minds, of various sensations and beliefs. When I say I see a fire, all of which I am immediately conscious, in the first instance, is a sensation of light, but my past experience leads me to associate with it the idea of heat, of the destruction of combustible substance, and the formation of carbonic acid gas. So when we say that a botanist knows more of plants, or a physician of diseases than people in general, we mean that his association of ideas in those particulars are more extensive and accurate.

Such being the case, it is evident that any condition in which the normal association of ideas is seriously impaired implies a profound disturbance of the intellect. In healthy persons we are apt to estimate their strength of mind by the degree in which, under circumstances of excitement and danger, they retain their clearness of perception of what should be done and how it should be done. We have, perhaps, most respect for the man who preserves entire equanimity, whose pulse beats as evenly and whose hand is as steady in imminent deadly peril as in safety and tranquility, but we have little less admiration for one who, under intense excitement, seems to rise above himself and performs feats of strength, agility and daring of which under ordinary circumstances he would be incapable. But the student who, to use an expressive, if not elegant phrase, gets "rattled" in an examination, the surgeon who loses his head in a trying operation, the man who at a fire throws the baby out of the window and carries the feather bed down stairs, are seen at once to have a defect in their mental make-up.

In disease, in like manner, states of mental confusion are, I think, commonly recognized as giving the strongest and clearest proof of mental derangement. A man may be abnormally elated, loquacious, watchful, quarrelsome and malicious, and, if he gives some plausible explanation of his conduct, answers questions relevantly, and shows forethought and judgment in accomplishing absurd plans, his misconduct will be attributed to perversity and his friends will very likely, although admitting that "his mind isn't right," be offended at any suggestion that he is "crazy."

Or the association of ideas may be disturbed in some one or few particulars. A man may have the insane delusion that his wife is unfaithful, or that he is entitled to some office for which he has not the slightest fitness, and the community will very likely be indignant if he is deprived of his liberty as insane, or, if he commits homicide in consequence of his delusions, will clamor for his blood, while medical experts and learned judges unite in declaring him sane enough to hang. But if there is a general break-up of his mental associations, if he imagines, for instance, when he is at home with his family, that he is in a strange place, surrounded by enemies, and flees naked from the house in midwinter to escape from them, his insanity is recognized by all, and even the legal profession admits that in such a case he is not responsible for his acts.

It seems to me, then, that general mental confusion is the most profound disturbance of consciousness short of coma, and that it cannot be denied recognition as a principle of classification on the ground that it is unimportant.

That it may be regarded as an imperfect or partial coma seems to me probable on various accounts. It is one of the most common characteristics of the dreaming state, in which, as most of us are probably aware from personal experience, time and place, persons and things are often confounded in the strangest manner, and we imagine ourselves doing the most absurd or immoral things without a thought of incongruity. Mental confusion is a uniformly occurring stage in the narcosis produced by chloroform, ether and similar substances, and is characteristic of the states of imperfect consciousness which follow epileptic attacks.

An epileptic in a severe attack, we will say, falls to the ground in atonic spasm, followed by general clonic convulsions, and remains entirely unconscious for five minutes. The same person, as in a case which I observed, has a slight distortion of the face and bending of one arm while sitting at the dinner table, and immediately begins to undress. There is no radical difference between the two cases, the phenomena of the latter are only a minor degree of the former condition and they consist evidently, as far as consciousness is concerned, in mental confusion.

We may now consider the differences between mental confusion, mania and melancholia. Everyone of much experience with the insane must have seen cases in which the patients were extremely loquacious, restless, in constant motion; in high spirits when they could have their own way, but irascible and violent when opposed; destructive and mischievous, but always ready to give some plausible explanation or denial of their unreasonable conduct; ready and witty in repartee, and presenting an apparent exaltation of memory, so that they recall the most trivial circumstances of events of many years ago. No one would hesitate to say that such patients are maniacal, but they may not present a trace of mental confusion.

In melancholia, again, we may find patients clear in memory, and sound in judgment in respect to everything not connected with themselves. They may be free from delusions, or if they present them, it is evident that the delusions are secondary to the overpowering feeling of sadness and foreboding of evil. No one, I think, will claim that general mental confusion is an essential part of the clinical picture of melancholia.

There is a third group of cases less numerous than either of the foregoing, but still not very uncommon, in which the patients present neither the elation and motor excitement of mania nor the distress, self-accusation and apprehension of melancholia; they are quiet, and apparently not unhappy, but evidently do not realize where they are; mistake strangers for acquaintances; give utterly irrelevant answers to questions, and perform all sorts of absurd acts of which they can give no reasonable account. This state may continue throughout the attack, or may alternate with periods of hilarious excitement or either quiet or agitated depression, during which the mental confusion persists, and which are evidently due to hallucinations or vague delusions.

We may then have both mania and melancholia without mental confusion and confusion without either mania or melancholia, and to attempt to distribute cases of the latter sort between mania and melancholia seems to me to do violence to all legitimate principles of classification.

The reason, in my judgment, why this condition has not heretofore been more generally differentiated is that it is often combined with symptoms resembling those of mania and melancholia. In the majority of cases usually classified as acute mania, we have mental confusion with restlessness, destructiveness, violence and wakefulness. Again, we have cases in which there is a confusional state combined with mental distress, due to terrifying delusions and hallucinations, which are commonly classified as agitated melancholia, and others in which the confusion is accompanied by lethargic or cataleptic states, often with frightful hallucinations, which are classed by many writers as melancholia attonita, or melancholia with stupor. In such cases as these the

question is a legitimate one to which set of symptoms we should attach most importance in classification. To me, it seems that the confusion is of more importance in this regard, for the following reasons :

First. In such cases as in all confusional states, hallucinations are extremely common, while they are of very rare occurrence in mania or melancholia proper.

Second. The degree of mental confusion bears no uniform proportion to the amount of emotional disturbance.

Third. In such cases, the confusion persists throughout the entire course of the attack, while it is very common for the patients, at different periods of the same attack, to appear elated and excited, depressed and apprehensive, cataleptic, or merely confused, without emotional disturbance.

Fourth. The emotional disturbance, in such cases, seems to be mainly due to the character of the delusions and hallucinations, instead of being, as in mania and melancholia, the underlying condition. We may here, I think, study with profit the analogy with the mental disturbances of epilepsy. In the epileptic condition the patient may be merely dazed, or in a state of wild excitement, usually characterized as maniacal, or in a condition in all respects like that commonly called agitated melancholia, but the underlying condition in all is his failure to appreciate his surroundings. In imperfect chloroform narcosis, likewise, the patients as they come under the influence of the drug may, as all of us have observed, be hilarious and noisy, quarrelsome, lachrymose, terrified, or quietly and tranquilly confused, according to the state of mind in which they began to take it, their natural disposition, or some trivial circumstance.

No one, I suppose, would think of considering these various symptoms, superficially different as they are, as of any great importance. The important fundamental state is the incapacity properly to associate the ideas which arise in the beclouded brain. If we compare this condition with what usually occurs in the early stages of alcoholic intoxication, we shall have, I think, an excellent illustration of the difference between confusional insanity and pure, uncomplicated mania.

If it is admitted that confusion is a more serious and important symptom than morbid excitement or depression, it would hardly seem necessary to attempt a formal definition of confusional insanity, or to lay down further rules for its diagnosis from mania and melancholia. I should be disposed to include under this head all acute cases in which mental confusion is, from the outset, a leading symptom, and which do not furnish better data for classification, such as epilepsy, intoxication, or senile degeneration, and the like comprising not only a large part of the cases commonly classed as acute mania, but most of those usually designated as agitated melancholia, melancholia with stupor, acute dementia and katatonia. It would be entirely proper to subdivide these cases, in accordance with the associated symptoms, as maniacal, melancholic, katatonic, etc.

It is, of course, very probable that if we ever understand the pathology of these conditions, we may find that many which are similar in symptoms may be very different in essential nature.

Whatever emotional cast the mental disturbance may assume, it is very commonly associated with hallucinations, more particularly of vision, which frequently give the tone to the emotional condition, as might naturally be expected. If they are pleasant or amusing, the patient is naturally cheerful or elated; if he sees himself surrounded by hobgoblins, it is equally natural for him to be distracted and terrified. So common and prominent a feature are hallucinations that one of the German terms for the condition is acute hallucinatory confusion (acute hallucinatorsche Verwirrtheit).

The vagaries of conduct prompted by them and by the indefinite and shifting delusions are too manifold for enumeration. Unprovoked and objectless acts of violence or destructivenes, impulsive suicidal attempts, extravagant and un-

restrained movements and postures, senseless opposition to everything that is undertaken with them, as dressing and undressing, feeding, moving from one place to another, are among their common acts. In case of recovery memory of what has occurred during the attack is apt, contrary to what occurs in mania and melancholia, to be very imperfect.

Physically, nutrition always suffers; the patients lose flesh and strength even when they do not, as not infrequently happens, refuse food in consequence of their delusions. Disturbances of temperature usually of moderate range are pretty common, and may be either above or below the normal, the latter more frequently in stuporous conditions, in which there is also apt to be blueness and coldness, often with some edema of the hands and feet, owing to vaso-motor derangement.

The prognosis of cases as regards recovery is, in general, favorable—most so, according to my observation, in simple and maniacal, and least in stuporous cases. The disease may assume a paroxysmal type, with more or less completely lucid intervals, or may pass into dementia. In the latter case, I think it is uniformly characterized by permanent confusion, not simple enfeeblement of mind.

In reference to the etiology of this class of cases, Wood, in the article before referred to, defines it as "an acute insanity produced by nervous shock or exhausting disease." Such exciting causes are found in a large proportion of cases, but not, according to my observation, in all. I have seen not a few clinically indistinguishable from such as were due to these causes, in which no disturbing influence of importance would be discovered. In this, as in most other insanities, a defective organization, inherited or congenital, plays, I believe, the most important part.

The puerperal condition is one of the most common exciting causes and probably acts as such in two ways—in some cases by the shock to the nervous system, in others by auto-intoxication due to the absorption of septic products of infection. Analogous to the former class are those due to traumatisms, accidental or surgical; to the latter, post-febrile cases, both of which are usually of the confusional type. The age of pubescence favors this form of derangement; below the age of twenty-five it is much more common than mania or melancholia.

With regard to treatment, I have nothing specially original to offer. I know of no drug which will clear the beclouded brain, though the reverse is easily enough accomplished. The maintenance of nutrition by abundant food, given, if necessary, by force, is of more importance than anything else, although it may be helped out by the administration of the ordinary tonic medicines. When the patients begin to gain flesh, it is a pretty sure sign that the acute stage is passing away; although whether recovery or dementia is to be the result may be for some time doubtful. Confinement to bed is of use in a pretty large proportion of cases, though I am not satisfied that anything is to be gained by making it a routine practice, as recommended by some, not only in this, but in all forms of acute insanity. Restlessness and sleeplessness may make the use of hypnotics advisable. Treatment addressed directly to the mental condition is mainly confined, during the acute stage, to the removal of whatever may irritate the patients, as their state of mind precludes employment and amusement.

INDICATIONS FOR JEJUNOSTOMY.—Hahn (*British Medical Journal*) reports 5 cases of jejunostomy, and suggests the following as proper indications for this operation: 1. When death is threatening in cases of severe corrosion of the stomach and esophagus by a caustic acid or alkali. 2. In cases of carcinoma of the esophagus and stomach in which a bougie cannot be passed and gastrostomy is contra-indicated by contraction of the stomach. 3. In cases of carcinoma of the pylorus in which the stomach is so involved that neither gastro-enterostomy nor resection can be performed.

A RECENT CRANIOTOMY.

Read before the Gynecological and Obstetrical Society of Baltimore, January 8, 1895.

By Wilmer Brinton, M. D.,
Baltimore.

In the practice of obstetrics in the past when a difficult case of labor occurred due to the influence of a moderately contracted pelvis or a very large child, the obstetrician delivered the child either with high forceps or podalic version, choosing one of these measures which by education or predilection he most favored. All of us can remember the heated discussions in the past between the partisans of these two methods.

In the more difficult cases, where the pelvis is so contracted that a living child can not be delivered at full term by either forceps or version, symphysiotomy or Cesarean section are the measures to be adopted, with the exception of an occasional case of induced premature labor which may give a puny youngster the chance of being later numbered among those who are fit to live in the battle of life.

Each of these operative measures has a distinct field, but it is not my purpose tonight to speak of the special indications for each measure; I only wish to refer to the operative measure termed craniotomy. This term is applied to the perforation of the skull and the evacuation of the brain contents and is generally resorted to in cases of contraction of the pelvis where the antero-posterior diameter is between 1½ and 2¾ inches and the mother refusing Cesarean section. As the operation is performed solely in the interest of the mother it has a wider range of applicability when the child is dead than when still living. If the child is alive, the question of destroying a living being is one of the most serious that falls to the conscientious physician.

While I am not a member, I respect the teachings of the Roman Catholic Church whose edicts against criminal abortion and craniotomy and the indiscriminate removal of ovaries should command the respect as it has won the admiration of every thinking and well-disposed man.

Still, as far as I am concerned individually on the question of craniotomy, I do not hesitate to put myself on the side with those who will agree with Dr. Lusk when he says: "If the life of the mother is at stake, and the sacrifice of the child is necessary to her preservation, few, at the present day, would dispute the superiority of the mother's claim to existence."

I do not underrate the value of what might be termed the conservative measures when compared to craniotomy, viz., symphysiotomy and Cesarean section, which hold out the hope of saving both lives. While we hear from time to time of the successful cases of both of these operative measures by men who are specially trained in abdominal surgery, and are surrounded by the facilities and assistance pertaining to large hospitals, with their cases often selected and under their care for weeks previous to operation, I say while we hear of the successful cases, I regret that the unsuccessful cases are as a rule not reported; and in my opinion if all cases operated upon either by symphysiotomy or the Cesarean section were placed upon record, it would show in spite of increased knowledge, antiseptic precautions, etc., a frightful mortality to mothers and children.

The case of craniotomy which I wish to put on record tonight occurred in this city, July 18, 1894, and was in the practice of Dr. E. A. Smith, to whom I am indebted for the following facts in the case previous to my seeing the patient. Mrs. J. A. H., 43 years of age, eleventh pregnancy. Had had very tedious labors in her previous confinements. Although her general health was good, locomotion had been much

interfered with of recent years on account of rapid and great accumulation of fat. When first seen by Dr. Smith, June 14, 1894, to be engaged to attend her in July, he found her complaining of great difficulty in getting around, due to marked edema of the lower extremities and shortness of breath ; treatment was given and rest advised.

Monday, July 16, the physician was sent for and a vaginal examination found labor beginning and at this time the opinion was that the child's face was presenting, but as the presenting part was so high up and the woman's abdomen was so fat, this was not entirely verified. She was seen by Dr. Smith twice on Monday and three times on the following day, Tuesday. Pains had continued more or less during this time, cervix dilating slowly. He was called again at 1 A. M., Wednesday, July 18. He found the patient having severe pains but had not made as much progress as he expected. He remained the balance of the night and between six and seven o'clock in the morning, finding the cervix fairly well dilated, the bag of water was broken. The pains continuing and no progress being made, at nine o'clock, Dr. Frey, a physician in the vicinity, was requested to see the case and to assist in the subsequent management of the same. After consultation, chloroform was given and efforts were made to deliver by means of an axis traction forceps and also with Simpson forceps. Their efforts were continued off and on for the next two hours, but no progress was made. I was requested to see the case and joined the two gentlemen between eleven and twelve o'clock. At this time the patient had been having true labor pains for fully forty-eight hours. I found her with a rapid pulse and an anxious face. We all agreed that by this time the child was dead. No fetal heart could be heard after repeated examinations, and the mother stated that she had not felt the movements of the child for hours.

Upon vaginal examination at this time, I found the parts hot and dry, with a small recto-vaginal fistula near the vaginal outlet which was due to the efforts made to deliver with forceps. The presenting part was high up, the vertex presenting with the occiput to the mother's right and rear, or occipito-dextra posterior position. A segment of the head was in the pelvis and at this time seemed to be wedged tightly. The patient was given some stimulants and at once placed under chloroform. I applied, without much difficulty, Lusk's modification of Tarnier's axis traction forceps. I failed to deliver or to make the least progress in spite of great and repeated traction. Later on this effort was repeated with other forceps, but with the same result. We decided after consultation to perform craniotomy. Not having my craniotomy instruments with me there was a delay of nearly two hours before I saw the patient again. During this time stimulants and nourishment had been given the patient. The labor pains had returned in full force, but in spite of this a vaginal examination told us there had been no progress. Chloroform was again given, forceps once more applied and failed to deliver. I then opened the child's cranium with a trephine perforator, washed out the contents of the same with a Davidson syringe. I then applied Carl Braun's cranioclast and tried to extract the head, but in spite of all my efforts to do so, I failed. The greater portion of the parietal bones was removed but the base of the child's skull would not pass through the superior strait. I finally performed podalic version and delivered the child after great difficulty. I immediately delivered the placenta by introducing my hand into the uterus. The uterus contracted finely and much to my surprise the amount of blood lost was exceedingly small. An examination now made revealed a tear in the vagina in the posterior cul-de-sac at the utero-vaginal juncture through which I could pass two fingers and feel the intestines.

Within a short time the patient came from under the influence of chloroform and almost immediately had two or three severe vomiting spells and was very much shocked ; pulse 140 to 150, extremities cold. Whiskey was given hypodermically and by the mouth. She was made clean and comfortable. Her pulse grew stronger and she conversed

with us in an intelligent manner, expressing great satisfaction that she had passed through the severe ordeal and that all was over. I left the patient at 4 P. M., and did not see her again. I am indebted to Dr. Smith for the subsequent history of the case. Under date of October 12, 1894, he writes as follows:

Dear Dr. Brinton :—Our patient, Mrs. H. died Thursday, July 19, about 7 P. M., being about twenty-seven hours after her delivery. She never rallied thoroughly from shock, her pulse ranging from 156 to 180. Although stimulants were given almost continuously, her temperature did not go much above normal until a few hours previous to her death. Shortly before dying she complained of great pain all over her abdomen, which became decidedly tympanitic. The patient finally became delirious. I weighed the baby on a first-class meat scales ; it weighed 13 pounds and 4 ounces without the brains and parietal bones. Very high authorities claim that the brain of a newborn baby will weigh from one-seventh to one-eighth the weight of the whole body, so I feel safe in saying that with the loss of blood, bones, brain, etc., combined, that we had to do with a fifteen pound baby. The gross measurements of the child were 23½ inches long, 8 inches across shoulders, 7 inches across chest. I am

Very respectfully, E. A. Smith.

I think the result of the weighing and measuring gives us the cause of the difficult labor case. A child weighing 15 pounds, more or less, is twice the size of the average child. With the fact that we had persistent occiput posterior position, with labor occurring in a woman who gave the history of always having a tedious and difficult time in her previous confinements. She was advancing in life and in a bad condition generally. I have never seen belly walls and legs so edematous as hers were. I have performed five other craniotomies. My patients have all recovered except one who was moribund when I saw her and I delivered her of a hydrocephalic child before death at the request of her physicians, the late Dr. Houck and Dr. A. C. Pole. I believe it is profitable for us to write and think about our unfortunate cases. We are all anxious to let our brother practitioners and incidentally the world know of our successes, but as a rule we do not talk much about our failures. In this unfortunate case which I have just related, the question has come to me often and I ask it of you tonight, what better could I have done under the circumstances related than I did ? Would symphysiotomy have given me better results ? I do not think so when we take into consideration the condition of the patient when I first saw her.

Pseudo-Bulbar Paralysis.—Dr. Sacaze of Montpellier records in the *Lancet* the case of a patient who in consequence of two separate attacks suffered from left hemiplegia, hemi-chorea, aphasia and aphonia, with great difficulty in swallowing and paresis of the tongue and of the soft palate. The necropsy revealed areas of softening in both hemispheres, the internal capsule, the lenticular nuclei and the caudate nuclei being destroyed on both sides. The pons and medulla, apart from commencing secondary degeneration of the pyramids, were quite normal. This case illustrates the fact, which has now been frequently pointed out, especially by Dr. Barlow and Drs. Hughlings Jackson and James Taylor in this country, that a lesion on each side of the cerebrum gives rise to symptoms which so closely resemble those of bulbar paralysis as to be clinically almost indistinguishable from these. The reason of this seems to be that whereas a unilateral lesion in the brain gives rise to only transitory and slight affection of the bilaterally associated movements, the occurrence of a second lesion on the opposite side of the brain so weakens those movements as to cause very distinct impairment of the esophageal, laryngeal, palatal and tongue movements, thus giving rise to symptoms which closely simulate those of bulbar paralysis.

SOCIETY REPORTS.

BALTIMORE NEUROLOGICAL SOCIETY.

STATED MEETING HELD FEBRUARY 13, 1895.

The tenth monthly meeting of the Baltimore Neurological Society was held at the Baltimore Medical College, Wednesday evening, February 13, 1895. Twelve members were present, with Dr. John Morris in the chair.

Dr. W. H. Worcester of New York was present by invitation and opened the discussion of ACUTE CONFUSIONAL INSANITY, with an exceedingly interesting paper upon that subject. (See page 353.) Dr. Hurd opened the general discussion and agreed with Dr. Worcester's definition.

Dr. H. J. Berkeley thought the occurrence of confusional symptoms extremely frequent in cases seen by him at the City Asylum (Bayview), especially in cases where the general mental condition was of low grade.

Dr. George H. Rohé expressed his belief in the symptomatology of the condition, but thought such cases almost always exhaustion psychoses. He also emphasized the rest treatment.

Dr. Charles G. Hill agreed with others that the term was accurate in its significance, and that the condition seemed to occupy the midway between acute mania and melancholia on the one hand and dementia on the other.

Dr. F. T. Miles mentioned a case following a severe surgical operation with symptoms similar to those described by Dr. Worcester, but from which the patient recovered entirely.

There being no volunteer papers, Dr. Worcester was asked to give the Society some information in regard to his recent investigations upon the post-mortem examinations of a number of epileptic patients. These numbered thirty-five, eighteen of which presented distinct and general sclerosis of the cornu ammonis. Four others were cases of infantile paraplegia; in three of these there was atrophy or defective development of one-half the brain, one notably so, one hemisphere weighing eighteen ounces, the other eight; the fourth showed a distinct diminution in size of the corpus striatum, optic thalami and peduncles, extensive atrophy of the internal and external occipital lobes, and in the region of lacuna no nervous tissue remained, in its place being a cyst of serous fluid. Another showed sclerosis of the right anterior temporal convolution, the right gyrus angularis and both cornua ammonis; in this case there was no disturbance of speech in life. In another, who was blind, there was found extensive sclerosis of the external surfaces of both occipital lobes and both cornua ammonis, due to arterial obstruction. Dr. Worcester thought that this lesion was not a coincidence, and that there was nothing in the lesion to contradict its being considered a cause rather than a result.

Upon motion of Dr. Hill, the Society extended a vote of thanks to Dr. Worcester. Subject for discussion at the next meeting, ALCOHOLISM AND ITS RELATION TO NERVOUS AND MENTAL DISEASES. Drs. Berkeley, Preston and Brush, leaders. Dr. Osler, chairman.

SAMUEL J. FORT, M. D.,
Secretary.

GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

MEETING HELD JANUARY 8, 1895.

The President, Dr. John Neff, in the chair.

Dr. Wilmer Brinton reported A RECENT CRANIOTOMY. (See page 258.)

Dr. Thomas A. Ashby: I have never done a craniotomy and hope never to be forced to do one, but in the case related I do not see what better could have been done. Symphysiotomy would certainly not have given better results than were obtained. The cause of the patient's death evidently was peritonitis.

Dr. B. B. Browne: Under the circumstances I think the operation done was the proper one. If the child had been living I think a symphysiotomy would have been better.

Dr. J. Edwin Michael: I do not think any fault can be found with Dr. Brinton's management of this case. In July

I saw a patient, 5 feet, 4 inches tall and weighing 200 pounds, whom two physicians had failed to deliver after craniotomy. I had the same trouble in the delivery that Dr. Brinton had. I used Tarnier's basiotribe but failed to deliver, so I concluded to try internal podalic version, which under the circumstances was a very difficult operation. I succeeded in getting the legs down but I used all my strength and weight to get the body delivered and then had much difficulty in getting the shoulders free. The child minus the brain and skull weighed 13½ pounds. The perineum was lacerated but the patient recovered.

The source of danger in these cases of difficulty in delivering is in the delay. If there is difficulty we should make up our minds what should be done and then do it at once. It is evident that the longer a woman is left after operative measures have been begun, the greater the danger.

I think that craniotomy on a living child is rarely under the present circumstances justifiable. Symphysiotomy has filled a blank in obstetrical practice. I do not believe that a large number of unsuccessful cases of Cesarean section and symphysiotomy have not been reported.

I believe if I had seen this patient before the death of the child I should have done a symphysiotomy. I think it is a good operation.

Dr. Wm. E. Moseley: If I had seen this patient while the child was living and the surroundings good I would have preferred a symphysiotomy. But under the circumstances I think the course taken by Dr. Brinton was correct.

Dr. L. E. Neale: The great trouble was in the handling of this case before Dr. Brinton was called. I think I should have resorted to craniotomy at once upon my arrival in case I found the child dead and I question the necessity under the circumstances Dr. Brinton found the case of making two more separate attempts with the forceps before resorting to craniotomy.

Whilst I advocate the importance of pelvimetry in obstetric practice, I must admit my inability to do more than vaguely approximate the size of the unborn fetal head or to determine its adaptability to the pelvic canal.

As a matter of fact there is a considerable difference in the size, shape, hardness, adaptability (moulding), etc., of fetal heads at the same period of pregnancy, not to mention differences in the maternal pelvic structures, including both hard and soft parts, all of which must invalidate the accuracy of pelvimetry, especially *in partu*.

In two cases recently confined in the Maternité, both pelves measuring the same, one was delivered by craniotomy and the other spontaneously without the slightest difficulty.

WILLIAM S. GARDNER, M. D.,
Secretary.

MEDICAL PROGRESS.

SPONTANEOUS INVERSION OF UTERUS FROM TUMORS. — Gottschalk (*British Medical Journal*), in a communication on the mechanism of this accident, insists that when it occurs after the menopause it is identical in mechanism with puerperal inversion. The weight of the tumor dragging on its pedicle corresponds to the manual pulling of the umbilical cord fixed to an adherent placenta. In the former case, though the heavy tumor cannot exert the force of a powerful hand, the uterus is weak through age as well as through being in a non-puerperal state of muscular development. Under both circumstances a sudden increase of intra-abdominal pressure may cause inversion. This fact is proved by clinical reports and by *post-mortem* examination. As the uterus in cases of tumor after the menopause is very weak in muscular power, it cannot cause its own inversion by efforts to deliver itself of its pathological contents.

* * *

CAUSE OF APOPLEXY. — It is often well to pause in the study of medicine, and take stock of material on hand in order to see if a careful revision will not throw light on dark places and remove the traditions which have no foundation.

Dr. Charles L. Dana has shown in the *Medical Record* the results of his study of the causes, mode of onset and prognosis of apoplexy. Concluding, he says: I can hardly make a summary of the points I have wished to bring out without going into considerable detail. I wish, however, to emphasize the fact that apoplexy and hemiplegia occurring in early adult life are much more frequently due to syphilis than to embolism, and syphilis is a factor in a third of all apoplexies, at least in large cities.

The apoplexies are increasing in disproportionate frequency, owing partly to the facts: that more people live to the apoplectic age; that there is a larger urban population with all that implies in regard to the use of alcohol, the prevalence of syphilis, and the greater intemperance in eating and working.

Apoplexy does not especially affect brain-workers if they live temperately, but rather spares them.

Apoplexy is sometimes a conservative agent, calling a halt to excessive activity and intemperate living and actually prolonging life.

About one-fourth of those stricken with apoplexy die from the attack (hemorrhages being the most dangerous, thrombosis, especially syphilitic, being least so).

The average duration of life of those who have survived one attack is over five years. The chances of a second attack before the fourth year are always considerable, yet do not amount to fifty per cent., and are inconsiderable so far as hemorrhages are concerned. Thromboses are much more apt to recur than hemorrhages.

* * *

Immediate Trachelorrhaphy. — There are always old questions in gynecology that will be resurrected and discussed and ardent supporters for both sides are not wanting. Dr. Boldt recently advocated waiting for some time after childbirth before sewing up lacerations.

This Dr. A. Palmer Dudley opposes in the *American Journal of Obstetrics* and asks a number of questions bearing on a comparison between immediate and intermediate trachelorrhaphy, and after citing a number of cases in support of his side, gives for the purpose of emphasizing his remarks the following summary:

1. That suturing the lacerated cervix properly immediately after delivery will result in primary union of the same and prevent many of the evils that follow in the wake of a union by second intention.

2. That the fear of septicemia attending the manipulation of the cervix for the same, and the introduction of poisons which will induce septicemia at the same time, is an unfounded one, and would be dissipated by giving such work a proper test.

3. That it is a method of procedure more justifiable than an immediate repair of the perineum, the latter of which the profession of today universally abvocates.

4. That the securing of primary restoration of the laceration hastens involution, prevents subinvolution and the various forms of displacement which are induced by it in such an overweighted organ.

5. That catgut is the proper suture and perfectly safe and reliable when properly prepared.

* * *

Gastro-Enteritis in Infants.--From examinations of the blood of infants suffering from gastro-enteritis, conducted in Professor Epstein's clinic at Prague, and recorded in the *Lancet*, A. Czerny and P. Moser think that this affection is to be regarded as a general infection of intestinal origin. It is, therefore, different from dyspepsia, in which the disease remains limited to the gastro-intestinal tract. Thus, out of fifteen cases of gastro-enteritis in which the blood was examined during life, in twelve the presence of micro-organisms was ascertained. On the other hand, in only two out of thirty healthy children were cultures obtained from the blood, and of eleven infants suffering from dyspepsia only one yielded that result. The microbes found circulating in the blood in the subjects of gastro-enteritis comprised staphylo-

cocci, bacterium coli commune, bacillus pyocyaneus, and bacterium lactis aerogenes, all of which are known to occur in the intestinal contents. It is pointed out that this variety in organisms concords with the multifariousness of the symptoms of gastro-enteritis, whilst it shows that prophylactic measures are more hopeful than therapeutical, the value of which latter must depend on the kind and intensity of the general infection.

* * *

Chloroform. — V. G. Stadnitzky, in the *British Medical Journal*, has carried out a series of elaborate experiments on seven healthy young men in order to study the influence of chloroform, when administered internally, on the gastric functions. In each instance the experiment lasted fourteen days, being divided into two equally long stages, during the second of which the subject was given from 3 to 10 drops of the drug (with water) three times daily. The author's general conclusion is to the effect that $CHCl_3$ markedly improves all the functions of the stomach, which fact suggests that the drug might prove very valuable in the treatment of various gastric disturbances and, before all, in dyspepsia.

* * *

Mechano-Therapy in Chronic Diseases of the Heart.—In the *Practitioner*, Eccles writes an article on this subject, which is quoted in the *Medical and Surgical Reporter*. He believes the rationale of the treatment of certain chronic diseases of the heart, by a combination of rest, massage, assisted and resisted exercise, followed by outdoor walking carefully graduated, is based upon:

1. The rest afforded to the overstrained or enfeebled heart by the adoption of the recumbent position for a time.

2. The aid given to the circulation by the mechanical centripetal pressure exercised on the limbs and trunks by massage.

3. The more rapid oxygenation induced by the acceleration of the circulation and the diminution of peripheral resistance by the same means.

4. The improvement in general nutrition, the elimination of waste products, and the increased metabolism induced by the passive and active exercises in and out of doors.

5. The careful preparation and selection of suitable food, coupled with the aid to digestion afforded by abdominal massage and exercise acting directly on the walls of the abdomen and exercising pressure on its contents.

6. The substitution of regular, graduated, assisted and resisted movements for the spasmodic and ill-regulated exercise taken by patients suffering from cardiac functional disturbance, with or without organic lesion.

* * *

Wounds of the Ciliary Region and Lens. — Dr. Robert L. Randolph reports in the *New York Medical Journal* three cases of penetrating wounds of the ciliary region and lens with the following suggestions for treatment:

1. In penetrating wounds of the ciliary region and lens, even where light perception is gone, and where usually enucleation is performed, the removal of the lens will often be followed by the recovery of comparatively useful vision.

2. The time to perform the extraction is in the first week of the injury, when there is less reason for entertaining the fear of sympathetic ophthalmia, and that sympathetic disease is too remote a contingency in any event, and certainly at this stage, to outweigh every other consideration.

3. The effect of the operation is to remove what is really a foreign body, and at the same time it frees the ciliary region of its infectious contents—very much the effect of opening an abscess.

4. Cleanliness is imperative in this operation. I usually sterilize my instruments in a two per cent. solution of bicarbonate of sodium, and keep the field of operation constantly irrigated with a two per cent. solution of boric acid. Any solutions that irritate—such, for instance, as sublimate solution—are to be avoided, as they weaken the resisting powers of the eye. The after-treatment consists in the instillation of atro-

pine, one per cent. every four hours, and the wearing of a compress bandage.

5. Improvement in these cases, as would be expected, is rapid, and unless it is rapid one should not delay enucleation.

* * *

Adulterating Olive Oil with Castor Oil. — Olive oil, says the *Pharmaceutical Era*, is found to be frequently adulterated with castor oil. It is even claimed that the olive, especially if it has become strong smelling or rancid, is improved by the addition. As much as 20 per cent. of the adulterant may be added without detection. An Italian expert claims its presence may be discovered by taking 10 cc. of the suspected oil, mixing it with half its volume of hydrochloric acid, and then shaking them together in a test glass graduated to 0.1 cc. If any castor oil is present the liquid will separate, on standing, into three well-defined layers, the lowest of which will be the hydrochloric acid, the top the olive, and the middle the castor oil. This test may be used with sesame, cotton seed, colza, earthnut and linseed oils.

* * *

The Caliber of the American Intestine. — In communicating to the Société de Chirurgie, says the *Lancet*, the results of some experiments he had carried out on dogs with Murphy's anastomosis button, M. Chaput made a statement which seems to us to open up a field for speculation, if not for inquiry. Basing his opinion on numerous measurements of the human intestines, the distinguished French surgeon informed his audience that the 27 mm. button is far too bulky for the small gut in general, and especially for the lower end of the ileum. Of the three sizes he prefers that which is about equal to 21 mm. in diameter ; it is the smallest and adapts itself to the situation more readily than the others. Now, the question suggested by M. Chaput's remarks are these: Do American citizens, as a rule, possess more voluminous intestinal tracts than their French congeners, and, if so, how far is cookery responsible for the difference ? It is, of course, notorious that French cooking is the best in the world ; has this fact any bearing upon the presumably small caliber of the French bowel ! Digestion being made easy, so to speak, is it the case that a partial arrest of development has been the consequence ? Is there also discrepancy as regards length between the *primæ viæ* of the two nationalities ? Savages are endowed with magnificent mouth furniture, and dental decay is sometimes said to be a product of civilization dependent to a great extent upon knives and forks ! Has the human race any reason to dread analogous deterioration as a corollary to elaborate cookery ? Finally, and by way of closure to these *obiter dicta*, are dainty dishes a physiological mistake ?

* * *

Union of Fractured Clavicle by Suture.—Routier, in the *Medical News*, has reported the case of a woman, twenty years old, who sought relief for a deformity at the outer portion of the right clavicle of progressively increasing degree. It was learned that a week previously she had fallen from a carriage and fractured the clavicle at the junction of the outer third with the inner two-thirds. The outer extremity of the inner fragment appeared as a prominence beneath the skin, and by depressing the soft parts the surface of the fracture was reached. Below and behind this prominence the inner extremity of the outer fragment could be felt. The separation equalled two finger's breadths. Fairly firm union had taken place and the deformity was quite considerable. It was proposed to attempt to correct the deformity under anesthesia, and should this fail to expose the bone and bring the fractured parts in accurate apposition. Permission having been obtained and simple reduction failing, the second procedure was carried out and the two fragments were sutured with strong silk. The overlying periosteum was carefully replaced and sutured with fine silk. The wound was closed and suitably dressed. In the course of three weeks firm union had taken place without the least deformity.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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SEE PUBLISHERS' DEPARTMENT, PAGE 371.

BALTIMORE, MARCH 2, 1895.

Medical Study Abroad.

It is usually in the early spring that thoughts of study abroad are suggested and too often, from vague and unformed ideas on the subject, is this study unprofitable and the young physician especially is too uncertain of his career to know what he wants in the European schools of medicine. Advice is plentiful and while some are ready to give any kind of advice that will please whether it be right or not, still there are others who will honestly say what in their judgment is the best way of studying abroad.

In the first place it has so often been said that the knowledge of a continental language is not necessary, as much of the work is demonstration, but experience has shown that an acquaintance, even though limited, with the language of the country will render any form of instruction more profitable than the mere guess work of signs or even the imperfect words of a foreign instructor. The next best thing to both speaking and understanding a language is understanding it alone and the latter is naturally much easier, but even then the confusing of idioms and difficult negatives has too often left a perplexing impression on the brain.

There are many ways to assist one in learning a foreign language while studying abroad and one is by avoiding one's own fellow countrymen, which is not at all easy, and the other is by leaving all English books at home and using the books of the country. Association with German or French students in class room and elsewhere will in an easy way be the means of imparting the language provided the foreigner in his desire to learn English does not get more than he gives. It is just as well to have some idea what studies are to be followed before starting out, for there is in some places, as for example, Vienna, such a varied menu that unless one is previously prepared, indecision, confusion and discouragement are sure to follow.

The mature physician usually knows what he wants when he goes abroad and if he has some familiarity with the language he goes straight to his point and accomplishes in a few months what he needs, but the younger man who has just graduated will usually do well to wait until he has spent several years in practice in hospital or outside, until he has by elimination narrowed down his work to that point where foreign study begins to be profitable. A specialist has no difficulty in deciding on his work if he is a specialist by elimination of other branches, by succession and not by his own choice. The young man who graduates and begins his special work at once too often makes a poor beginning.

There are now excellent opportunities for special work in this country and all the large cities offer inducements for work in "courses," but it is doubtful if any place in this country can yet compare to the opportunities of foreign hospitals, as in the General Hospital in Vienna, where there are about three thousand beds and ten thousand cases of labor a year. In a paternal government, too, where persons are not equal and do not pretend to be and where military obedience so universally prevails, patients allow themselves to be used for purposes of examination and instruction without a murmur, while in this country where freedom begins with a capital "F" and where equality is a matter of law only and not of fact, even the humblest hospital patient may object to examinations

and what he calls his rights must be respected.

Study abroad may be sneered at by those who cannot go themselves, but the advantages are numerous if there has been an intelligent preliminary preparation.

* * *

Salicylates and Rheumatism.

When salicylic acid and its salts were first recommended for the treatment of acute articular rheumatism it was supposed that they were a specific, a form of treatment that would cure every case. It is, therefore, always interesting to record observations on these salts to show the result of experience and careful observation without that harmful enthusiam.

Dr. John W. Shaw of Washington, D. C., asks in the *Virginia Medical Monthly* how we are to know whether to use the salicylates or not. He thinks that too much confidence should not be placed in the salicylates unless we use them in an intelligent way.

While they possess advantages well known to most physicians, still there are certain objections which are sometimes forgotten.

They may cause nausea and loss of appetite ; they are depresing ; they have caused albuminuria and hematuria. If the patient can withstand all these objections, benefit will follow the administration of the drug, but if there be any obstacle to the proper absorption of the drug by the intestines then these effects are not beneficial.

Dr. Shaw proposes to give a powder containing equal parts of salicylic acid and bicarbonate of soda, which not only makes a rather pleasant effervescing draught, but keeps the secretions in an alkaline condition and facilitates absorption. As he has found this remedy most satisfactory and also most disappointing he suggests two points which may be kept in mind.

That the physician, after once deciding to administer these remedies, should give them in large doses or not at all—that is, to use no less than 40 to 80 grains during the day.

That after administering the drug in this way, if no amelioration of the symptoms has occurred at the expiration of four days, it is useless to continue this line of treatment, as little good will be exercised over the rheumatic process, and much harm will be done by saturating the patient with such irritants to the kidneys and stomach.

The Income Tax.

There are probably few persons who pay taxes willingly and many who deem themselves conscientious in most matters seem to think that defrauding the government, State or city, is not wrong. There can be no excuse for avoiding all just taxes but it will come very hard on some classes of persons to pay in addition to the usual tribute a tax on what moneys they receive.

The laity thinks of the physician who pays a short visit, writes a prescription and receives his fee as one who earns his money very easily and physicians have contributed to this opinion in the way in which they allow free service to be exacted from them by wealthy institutions and organizations which recompense all persons except the physician.

There is no medical man who does not willingly and cheerfully do kind acts of charity and freely gives his services and often his medicines too, in cases where such charity is real charity, but if from every fee or from many of the charges that go down on the physician's book there must be deducted State, city and government taxes and perhaps in addition a tax to a collector for procuring that fee which the unwilling patient too slowly pays him, and if to that the demand for smaller fees be made, the actual reward for services rendered will shrink to a very undesirable size.

In the State of Maryland there are many physicians whose incomes will make them liable for the income tax and this they will pay much more reluctantly than the ordinary taxes, for which they receive a *quid pro quo.*

If professional men are to be taxed on the same basis as business men, then some arrangements should be made by which the present system of giving services to wealthy institutions be abolished and the physician should be paid for his work as persons of other callings are paid for their work. Actual charity should not be, and never is refused by the true physician, but the public should never forget that the physician has his living to make.

The number of physicians who have good incomes from the practice of their profession alone is proportionately small. Recently two towns in Maryland have had medical postmasters allotted to them and there are few legislative bodies that do not contain at least one physician.

MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending February 23, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		58
Phthisis Pulmonalis		34
Measles	10	
Whooping Cough	6	
Pseudo-membranous Croup and Diphtheria	16	3
Mumps	2	
Scarlet fever	15	2
Varioloid		
Varicella		
Typhoid fever		3

Smallpox is causing some consternation at Lexington, Kentucky.

Columbus has had a legacy of $125,000 left for a Protestant Hospital.

The Yale Medical School will adopt the course of four years after this year.

Dr. Edward Kulz, Professor of Physiology at the University of Marburg, died recently in his fiftieth year.

Dr. John B. Hart of Waverly has been appointed physician to the Baltimore City Jail to succeed the late Dr. Milton N. Taylor.

Dr. Francis L. DuBois, United States Navy, died suddenly last Sunday of apoplexy at the Kittery Point Navy Yard in his fifty-seventh year.

A new laboratory, to cost $5000, is being fitted up at the Willard Parker Hospital, by the New York City Board of Health, for the production of antitoxine.

The French Government compels a certain proportion of the money made by betting on horse races to be paid into the treasury for the benefit of the public charities. The hospitals last year received about $50,000 from this source.

The Twentieth Annual Meeting of the American Academy of Medicine will be held in one of the buildings of the Johns Hopkins University, Baltimore, on Saturday, May 4, and Monday, May 6, 1895. Members of the profession and others who may be interested in the topics are invited to attend.

There is a bill before the New Hampshire Legislature to govern medical practice in that State and prevent fraudulent practice and such tricks as Christian science and the faith cure.

Asiatic cholera is beginning to appear in Turkey and vicinity. Eleven cases were reported at Constantinople, and the authorities are taking steps to quarantine all vessels from suspected ports.

During the month of December, 1894, there were reported to the Health Department of Brooklyn, N. Y., six cases of smallpox with three deaths, and during the month of January, 1895, two cases with no deaths.

It has been computed that the death rate of the globe is 68 per minute, 97,790 per day, or 35,717,790 per year. The birth rate is 70 per minute, 100,800 per day, or 36,817,200 per year, reckoning the year to be 365¼ days in length.

During the Cotton Exposition at Atlanta there will be held a Congress on Yellow Fever, when leading physicians will be invited to assemble and discuss plans for concert of action on quarantine and methods of dealing with the disease.

The Baltimore Medical College will probably erect a new anatomical building to front on Howard Street and a new autopsy room with all the modern improvements will be added. The tuition fees of the college have been raised for all new matriculates.

Dr. Milton N. Taylor, a well known physician and politician of East Baltimore, died at his home last Monday in his seventy-fifth year. Dr. Taylor was City Physician in 1853 and Health Commissioner from 1867 to 1871 and at his death he was visiting physician to the jail.

It is announced that Dr. B. Meade Bolton, Associate in Bacteriology at the Johns Hopkins University, has been appointed Director of the Bureau of Hygiene of the Philadelphia Board of Health. This is a new office in Philadelphia created by the Department of Public Safety in that city.

Dr. Aubert of Mâcon has offered a prize, to be awarded by the Academie de Médécine, to the author of the best work on the following subject: To investigate by clinical and experimental observation if there are among the members of the human race constitutions refractory to tuberculosis.

WASHINGTON NOTES.

The Clinico-Pathological Society held its regular meeting on Tuesday night, February 19, the President, Dr. William M. Sprigg, in the chair.

Dr. Larkin W. Glazebrook, deputy coroner of the District of Columbia, presented several specimens, one a stomach with an ulceration through its wall about the size of grape seed; the patient died of general peritonitis and there was a grape seed found in the abdominal cavity. Another specimen was the heart of a man who had been stabbed in the heart.

The essayist of the evening was Dr. Taliaferro Clark and the title of his paper was, "Some Remarks on the Pathology of Functional Neuroses." The paper showed careful preparation and was both very interesting and instructive. It was discussed by Drs. E. L. Tompkins and D. G. Lewis, an invited guest of the Society. The Society then adjourned.

The regular meeting of the Medical Society of the District of Columbia was held on Wednesday night, February 20. Dr. James Kerr read a paper, entitled "Suture of the Liver for Gun-shot Wound." The patient, a boy, was presented. Dr. Kleinschmidt discussed the paper, touching on transfusion of the saline solution from a physiological standpoint, showing equal advantages of the salt solution with defibrinated blood. Dr. Kinyoun also discussed suturing of the liver and detailed some experiments he had performed on animals, using bone pins in the same way that hare-lip pins would be used.

Dr. Lamb presented cases and specimens, as follows: 1. Uterus, showing perforation; Abortion. 2. Uterus, Tuberculosis. 3. Fallopian Tubes, Tuberculosis.

PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending February 25, 1895.

Captain Henry P. Birmingham, Assistant Surgeon, is relieved from duty at Fort Grant, Arizona Territory, and ordered to Fort Trumbull, Connecticut, for duty, relieving Captain Freeman V. Walker, Assistant Surgeon.

Captain Walker on being thus relieved will proceed to Fort Grant, Arizona, and report for duty at that post.

The extension of leave of absence granted First Lieutenant Henry C. Fisher, Assistant Surgeon, is further extended one month.

Leave of absence for six months on account of sickness is granted First Lieutenant Frank T. Meriwether, Assistant Surgeon, United States Army.

UNITED STATES NAVY.

Week Ending February 23, 1895.

Passed Assistant Surgeon Clement Biddle ordered to Naval Hospital, Chelsea, Mass.

Passed Assistant Surgeon L. W. Atlee ordered to Naval Hospital, New York, N. Y.

Passed Assistant Surgeon F. A. Hesler ordered before Retiring Board.

BOOK REVIEWS.

PRACTICAL URANALYSIS AND URINARY DIAGNOSIS: A Manual for the Use of Physicians, Surgeons and Students. By Charles W. Purdy, M. D., Professor of Urology and Urinary Diagnosis at the Chicago Post-Graduate Medical School. With numerous Illustrations. Philadelphia: The F. A. Davis Co., Publishers. 1894. Price $2.50 net. Pp. 360.

This excellent book is probably the outgrowth of the author's very practical little work on Diabetes which was issued by the same publishers not many years ago. There is nothing particularly noteworthy about this book except its great thoroughness and exhaustiveness. He advises to collect the urine for examination about three hours after a meal and not on rising, as the latter specimen may be free from pathological substances. He says that diabetic urine has the odor of acetone, but it is doubtful if many persons know the odor of that substance. The author introduces his own modification of the sugar test. The book is just such a one as the physician can use with profit, but it might have more illustrations of the sediment. The word "uranalysis" has no philological basis and might with equally good reason be written "uralysis."

SYLLABUS OF GYNECOLOGY. By J. W. Long, M. D., Professor of Gynecology and Pediatrics in the Medical College of Virginia, etc. Philadelphia: W. B. Saunders, 1895. Pp. 4 to 133. Price, $1.00.

This is in the form of lecture notes and is intended as a reference work to larger books and is based on the American Text-Book of Gynecology, to which the figures of the illustrations refers. It is interleaved and very convenient to handle.

TEMPERATURE CHARTS. W. B. Saunders, Philadelphia, has just published an elaborate temperature chart, prepared by D. T. Lane, M. D., with special reference to the cold bath treatment in typhoid fever. On the reverse side are specific directions for giving the baths. Each chart has space for four days. Price, 50 cents per pad of 25 charts.

REPRINTS, ETC., RECEIVED.

Intestinal Anastomosis. By F. H. Wiggin, M. D., New York. Reprint from *The New York Medical Journal.*

Fifty Cases of Rectal Surgery. By B. Merrill Ricketts, M. D., of Cincinnati. Reprint from *Mathews' Medical Quarterly.*

Benefits of Bacteriological Investigation. A lecture delivered before the Quarante Club. By Joseph Holt, M. D., New Orleans.

Note on Lithium. By Enno Sander, Ph. D., Ph. G., St. Louis. Reprint from *The Journal of the American Medical Association.*

Operative Treatment of Myofibroma Uteri. By N. Senn, M. D., Ph. D., LL. D., Chicago. Reprint from *The Chicago Medical Recorder.*

Astigmatism as a Factor in the Causation of Myopia. By Leartus Connor, A. M., M. D., Detroit. Reprint from *The American Lancet.*

The Medical Treatment of Peritonitis. By James T. Jelks, M. D., Hot Springs, Arkansas. Reprint from *The Hot Springs Medical Journal.*

Notes on a Few Clinical Experiences of Inherited Syphilis. Seborrhea. By Burnside Foster, M. D., St. Paul. Reprint from *The Northwestern Lancet.*

An Introductory Address to the Students of the Medico-Chirurgical College. By L. Webster Fox, M. D., Philadelphia. Reprint from *The Medical Bulletin.*

Report of Two Cases of Second Infection with Syphilis. By James T. Jelks, M. D., Hot Springs, Arkansas. Reprint from *The Hot Springs Medical Journal.*

The Removal by Trephine of Fluid as the Result of Acute Cerebral Meningitis, with Report of a Case. By B. Merrill Ricketts, M. D., Cincinnati. Reprint from *The Times and Register.*

CURRENT EDITORIAL COMMENT.

LEGITIMATE LIQUOR SALES.

American Druggist.

THERE can be no question but that there are certain connections in which there is a perfectly legitimate field for the sale of liquor by pharmacists. To define this by statute is extremely difficult, the real test being whether or not the liquor purchased is to be used for strictly medicinal purposes.

A SPECIOUS PLEA.

Texas Medical Journal.

IT was the immortal "Josh Billings," we believe, who said, "the worst thing for a man to know is something that 'aint' so." A superstructure, however grand and imposing, will tumble down if built on an insecure foundation; so the most glittering deductions, drawn from incorrect premises, will fade, vanish into thin air, when it can be shown that there is no foundation in fact for the predicate; when it can be demonstrated that it is an assumption, something taken for granted, without proof, and not a fact, the props are knocked from under the argument, and the superstructure tumbles down.

PROMPT AID TO THE INJURED.

New York Medical Journal.

THE discoveries which have revolutionized modery surgery are, at the present time, according to operators, three in number, and they may be classified as follows: 1. Anesthesia. 2. Temporary hemostasis. 3. Antisepsis. Two of these discoveries are of unquestionable importance, and it may be said that without them the majority of large operations would never have taken place. But it must be added also that the latter, antisepsis, which by far holds the first place, would not have been able to have free scope if the Americans had not suspected close on to fifty years ago all that can be attributed to nitrogen protoxide and to ether as general anesthetics. To these three discoveries, M. Baudouin ventures to add another, the hospital ambulance service of New York, which he characterizes as an extension of Baron Larrey's flying ambulance service to meet the wants of the ordinary citizen. He thinks that immediate surgical aid to the injured is one of the principal factors of success in operative surgery, other things being equal, and it should at once be put on a par with the three discoveries mentioned at the outset.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXII.—No. 21. BALTIMORE, MARCH 9, 1895. Whole No. 728

ORIGINAL ARTICLES.

REMARKS ON THE PATHOLOGY OF THE FUNCTIONAL NEUROSES.

Read Before the Clinico-Pathological Society of Washington, D. C., February 19, 1895.

By Taliaferro Clark, A. B., M. D.,
Washington, D. C.

Not in the whole domain of medicine do we find a class of affections more discussed, yet so little understood, from a pathological standpoint, as those we term the functional neuroses. Indeed, so much so is this the case, they may well be called the *bête noire* of the general practitioner.

I am sure many will agree with me, that the first responses to the span and spick sign flung so hopefully to the breezes, in the first flush of our professional career, were cases of this nature.

In their kaleidoscopic manifestations, in the absence of any sure foundation upon which to build, in stern resistance to treatment, they often become a puzzle and a despair. To unravel the labyrinthian maze leading to their source, they have defied the pathologist to check their protean changes, they exhaust the skill of renowned therapeutists, and well nigh cause the poor novice to lose faith in the potency of drugs. Remedies that, according to the best of authority, should work miracles for the relief of symptoms here most manifest, are as powerless for good as the distilled droplets of his neighbor of dilutionistic propensities.

In vain has the patient gone the rounds and as a *dernier ressort* resolved to cast his bread upon the waters, hoping against hope, that the new comer, with new methods and new ideas, may come to his relief, may dispel the clouds that shut out the sweet sunshine of perfect health. Yet how often is it the case, no matter how deep he may have drunk from the Pierian spring, the new comer tries in vain to bear from its crystal source the soothing drop.

It is the purpose of this paper to take four of the most prominent of this class of affections, viz.: Epilepsy, Chorea, Hysteria and Neurasthenia; discuss briefly their etiology, pathology and symptoms; and finally to draw therefrom a few deductions applicable to them all.

Epilepsy easily stands chief of the functional neuroses, not only in the horror of its manifestations, but also in the obstinate resistance to most remedial measures. It may be defined as spasm, tonic or clonic, of a single group of muscles, a single limb, or involve the whole body, with or without loss of consciousness. We thus see that the affection we term epilepsy is manifested in a great variety of forms. Epilepsy directly traceable to obvious causes, such as an injury or blow, is beyond the scope of this paper, for here we deal with the idiopathic variety only, and not with those cases that are merely symp-

toms of some severe brain or spinal cord disease.

The variety of ways in which epilepsy manifests itself may well be called legion. Types shade from violent spasms of every muscle in the body with profound coma, to slight twitching of a single group of muscles or a mild vertiginous attack. The great authority on this subject, Dr. Hughlings Jackson, mentions the following as epilepsies : (*a*) Sudden and temporary stench in the nose with transient unconsciousness ; (*b*) a sudden and temporary development of blue vision ; (*c*) spasm of the right side of the face, with stoppage of speech ; (*d*) tingling of the index finger and thumb, followed by spasm of the hand and forearm ; (*e*) a convulsion almost immediately universal, with immediate loss of consciousness ; (*f*) certain vertiginous attacks.

Dr. W. A. Hammond proposes to restrict the term epilepsy to those cases involving loss of consciousness. This, in my estimation, is a logical restriction and should be insisted upon. It may be interesting to state that migraine has been classed by some as an epileptic manifestation. Epilepsy, *per se*, is not dangerous to life unless the condition of status epilepticus supervenes. I have seen more than one such case terminate fatally.

It is a widely accepted idea that epileptics are persons of inferior mental acquirements, and such, I believe, is the case with those subject to this affection from earliest childhood. On the other hand, Napoleon I, Peter the Great, Charles V of Spain, Cesar and Mohammed were epileptics. Lombroso, the Italian scientist, dares even to liken instinctiveness and unconsciousness in genius to epileptic attacks. For example, Mozart declared his musical inventions came unconsciously, like dreams. LaFontaine is said to have composed "Les animaux malades de la peste" without knowing what he did. (Dr. Arthur MacDonald, Abnormal Man. Publications of the Bureau of Education, U. S. A).

Among causative conditions, age stands first ; about 75 per cent. of all cases developing before the twentieth year, and like most all bad acquirements, the "habit" once established is hard to be gotten rid of. Strümpell assigns to heredity a very important causative position, declaring that one-third of all the cases of epilepsy occur in persons who have inherited a nervous diathesis. The same author speaks of "Reflex Epilepsy" resulting from an injury to peripheral nerve terminals, as irritation by retained splinters, scars, phimosis, intestinal parasites, foreign bodies in the ears, disease of the female sexual organs, but these may be classed with such conditions as anemia, plethora, over-exertion, mentally and physically, and acute febrile diseases, as merely exciting causes in those already predisposed to epileptic seizures.

Females are slightly more predisposed to this affection than males. Indeed, I find this to be the case in all the so-called functional affections. In idiopathic epilepsy, post-mortem examinations fail to bring conclusive results. Meynert claims degenerative changes of the pes hippocampus major, of the descending horn of the lateral ventricle, to be the lesion peculiar to epilepsy. Barthez and Rilliet attribute this affection to a peculiar tuberous or hypertrophic condition of the convolutions of the brain in which the convolutions are found "elevated, studded with round or oval tuberosities, irregularly disposed upon their convexities, varying in size, sometimes attaining that of a large nut."

Another French author claims to have found what he calls neuroglia sclerosis. He finds extending over a considerable part of the cerebrum, with intervening healthy portions, that the convolutions are atrophied, hard, smooth and non-adherent to the pia mater ; microscopically, he claims, fibrillae of varying length invade the gray cortex. Instead of the small multipolar cells of the first layer of the cortex, with their delicate tendrils, he claims to find these cells, having hypertrophied prolongations arranged in bundles parallel to the surface, seemingly corroborating the statement of Meynert, who claims to have found this condition in the pes hippocampus, in some cases of epilepsy. In fine, if

we study well the history of post-mortem examinations of epileptics, we find spread before us, in a grand panorama, all the Protean pathological changes to which the central nervous system is subject, none of which can truly be said to be distinctive, but on the contrary, many, if not all, may be ascribed to secondary conditions.

Strümpell assumes that an epileptic seizure is an intermittent functional condition of irritation, whatever that may mean. Schroeder Van der Kolk was the first to suggest the existence of an independent convulsive center in the medulla oblongata, and Nothnagel has attempted to prove the existence of such a center by direct experimentation without any overwhelmingly satisfactory results.

Vaso-motor spasm was at one time the most generally accepted theory, but when it was discovered that the brain of an animal rendered artificially epileptic was neither hyperemic nor ischemic, this theory also went to the background. Dr. Hughlings Jackson makes the interesting statement that an epileptic seizure first manifests itself in those parts capable of greatest volitional, rather than automatic action. Thus, if the hand were the part affected the spasm would manifest itself in the index finger.

I shall conclude these remarks on the pathology of epilepsy by giving that excellent summary of the present state of our knowledge on that subject by Reynolds, as quoted by Dr. W. A. Hammond in his book on Nervous Diseases.

1. The seat of primary derangement is in the medulla oblongata and upper portion of the spinal cord.

2. The derangement consists in an increased and perverted readiness of action in these organs, the results of such action being the induction of spasm in the contractile fibers of the vessels supplying the brain, and in those muscles of the face, pharynx, larynx, respiratory apparatus and limbs generally. By contraction of the vessels the brain is deprived of blood, and there is pallor; by contraction of the vessels which have been mentioned there is arrest of respiration, the chest walls are fixed, and the other phenomena of the first stage of the attack are brought about.

3. The arrest of breathing leads to the special convulsions of asphyxia, and that the amount of these is in direct proportion to the perfection and continuance of the asphyxia.

4. That the subsequent phenomena of poisoned blood, *i. e.*, of blood poisoned by the retention of carbonic acid, and altered by an absence of a due amount of oxygen.

5. That the primary nutrition change which is the starting point of epilepsy may exist alone, and epilepsy be an idiopathic disease, *i. e.*, a morbus *per se*.

6. That this change may be transmitted hereditarily.

7. That this may be induced by conditions acting on the nervous centers directly, such as mechanical, overwork, insolation, emotional disturbances, excessive venery, etc.

8. The nutritional changes of epilepsy may be a part of some general metamorphosis, such as that present in several cachexiae, rheumatism, gout, syphilis, scrofula and the like.

9. That it may be induced by some unknown circumstance determining a relative excess of change in the medulla during the general excess and perversion of organic change occurring at periods of puberty, of pregnancy and of dentition.

10. That it may be due to diseased action extending from contiguous portions of the nervous centers or their appendages.

11. That the so-called epileptic aura is a condition of sensation or of motion, dependent upon some change in the central nervous system, and is, like the paroxysm, a peripheral expression of the disease and not the cause.

Chorea is a disease characterized by peculiar involuntary twitchings of the most diverse groups of muscles. We find considerable incoördination, but seldom paresis or paralysis, no involvement of the reflexes, in the majority of cases, and but seldom complaint of fatigue, except in those subjects in whom the muscular movements prevent

sleep. We thus see that a disturbance of motion is the essential phenomena of chorea. This motion is involuntary, but little subject to the will. Indeed, if the patient's attention is directed to his affection, the twitchings seem to increase. The motions are of slight degree, jerky, quick to begin and ending abruptly.

Among the many causes of this affection may be mentioned malaria, heredity, etc. Dr. L. C. Gray calls attention to chorea in connection with articular rheumatism, characterized by a remarkable rise in the rapidity of the pulse and respiration. Dr. Weir Mitchell affirms the affection is most prevalent in those months having the greatest number of damp, cloudy days.

The New York *Medical Record*, of May 5, 1894, contains the following, by Dr. Ambrose L. Ranney: "The more recent studies of the pathology of chorea have led to a practically unamimous conclusion, that the seat of the disease is primarily in the blood vessels and the blood, with secondary degenerative changes in the parenchyma, and that the cause is either some microbe or toxic substance, or both (*American Journal of Medical Sciences*, January, 1894). It is certainly inconsistent with any such visionary theory (although based upon the results of pathological and bacteriological investigation), that many cases of the most aggravated and chronic type of chorea should get well without the recourse to drugs, and remain free from any spasmodic movements of the face, trunk or limbs, whenever sources of peripheral irritation are scientifically investigated and satisfactorily corrected.

"In the first place, I would assert (as I have often done prior to this date) that clinical experience has demonstrated most positively a direct causal relationship between eye-strain and chorea."

In discussing the morbid anatomy and pathology of chorea, it is necessary to distinguish carefully between the Huntingtonian type and that of Sydenham. The former is characterized by a wider disturbance of motion, by being much more distinctively hereditary, by gross pathological lesions of the encephalomeningitis variety, with an atheromatous condition of the arteries, and by being a chronic disease, affecting adults chiefly. These conditions warrant us in assuming, that further pathological investigation will remove this type of chorea from the pale of functional neurosis.

On the other hand, we find the chorea of Sydenham to be a disease of early life; it is affected by atmospheric conditions, it has a self limited duration, under favorable circumstances, of about six weeks, and, lastly, gross morbid changes are the exception rather than the rule. These facts, coupled with its association with articular rheumatism and the mode of onset, lead me to the firm conviction that further bacteriological investigation will reveal the specific germ of the chorea of Sydenham and another prop will be removed from that fast crumbling ruin of ignorance, the functional neurosis.

Before dismissing this subject, I wish to call attention to the descriptions of the epidemics of chorea, so-called, that during the middle ages gathered in its maddening embrace whole communities and tossed them as the whirlwind the leaves that strew our path. The symptoms portrayed bear not so close a resemblance to chorea as now described, as does paralysis agitans to locomotor ataxia. Ecstasy comes nearer the description. The existence of post-hemiplegic chorea may be mentioned as an offset to that produced by eye-strain, as just quoted; again, it is well known to ophthalmalogists, that nystagmus, a symptom of great importance in certain serious affections of the nervous system, may become a habit in cases of corneal opacity. Just so those symptoms of chorea, relieved by correcting errors of refraction, are simulative only.

Hysteria is a most prolific source of domestic infelicity. Although the immortal Dante could, in imagination, descend to the uttermost bounds of Tartarus, and in vivid colors depict the state of the damned, yet would his pen have been powerless to describe the bodily torment and agony of spirit of the unhappy victims of this dread affection. How often do we see some fair young

creature, whose rounding muscles and graceful contour bespeak the budding woman, subject, by reason of a peculiar nervous organization, to such torture as the iron hand of the Spanish Inquisition would have been powerless to inflict. Insanity, with its attendant horrors, appeals to our sympathies; but "there is a pleasure in madness that none but madmen know" is the verdict of that keen observer of human feelings and of human passions, the "Bard of Avon," and as to its justness, we must all agree.

In hysteria the ills of the flesh make but a small part of the sum. Possessing a bright mind, capable of the most tender emotions that sway the human soul, having an artistic appreciation for the beautiful, craving sympathy that is and should be denied, still it is the stern decree of fate that the inheritor of these pleasing attributes can not reap enjoyment therefrom by reason of a strange perversion. Nor is this all. At embarrassing moments, the unhappy victim is seized with uncontrollable fits of laughter, followed by profuse lachrymation. At other times there is sudden and complete loss of voice that may be of months' duration. That most beautiful of all tissues, the skin, becomes the seat of shading zones of anesthesia and hyperesthesia as shifting as the sands beneath the rippling waters. A graceful and erect carriage gives place to strange paralyses and deforming contractures that may persist for years. Lastly, in severe cases, we see the disheveled hair, the rolling eyes, the twisted and distorted features, the convulsive and immodest movements of the hystero-epileptic in one of her seizures. Despite these facts here related, but imperfectly, no one affection coming under the notice of the general practitioner is so persistently, and at the same time injudiciously, treated.

As to the etiology of hysteria, we know it is most prone to occur in young females, from 16 to 25 years of age, whose social condition is not the lowest. The exciting causes are: violent emotions, extremes of heat and cold, loss of sleep, bodily and mental fatigue, imitation, irritation from any of the numerous reflex sources, etc. Hysteria can hardly be considered a cause of death, nor are any morbid processes found that are characteristic. The pathology of this affection is still open for investigation. Nothing positive is known.

Neurasthenia, though not peculiarly an American disease, is nevertheless more widely prevalent among us than any other people. In fact, an American author, Beard, was the first to intelligently discuss and to group systematically the symptoms of the affection now designated neurasthenia. Since then, the subject has received the attention of native and foreign writers of eminence and though not without dissent, has been placed among the functional neroses as a distinct nervous affection.

The victims of neurasthenia are many and found in all the walks of life. The minister of the gospel and the player of the races; the orator whose eloquence has thrilled thousands, and the onanist, who practices his revolting orgies in secret solitude; the fair fairy of social swelldom, wrapped in the mazes of the giddy waltz, night after night, during the most momentous period of her life, sapping the nervous energy that should be devoted toward fitting her for motherhood, suffered equally with the painted and pitiful outcast of houses of prostitution; the merchant or banker, with thousands of dollars at his command, is victim to the same malady that afflicts the clerk who is subservient to his call.

Our forefathers dared the dangers of shipwreck, braved the torture of scalping knife or stake, suffered the pangs of famine, yet by living a life of integrity and sobriety carved an empire out of the wilderness and transmitted to their posterity a sound mind in a sound body. In those days neurasthenia was impossible, as it is now among people who breathe the pure mountain air and drink from the limpid mountain stream. Now we are forced to exclaim: "*O tempora, o mores!*"

The telegraph, telephone and railroads seemingly annihilate time and distance. Mammon is the god before whose shrine we fall. Social position is becoming a

matter of dollars and cents. In the hurry, bustle and scurry of our ambitious civilization we see one class of neurasthenics. On the other hand, we see in the *blasé*, *passé*, *roué*, born to affluence, sneering at the name of sister and denying the virtue of her "without whom the earth were a desert, the garden a wild," an example of another class. In discussing the symptoms of neurasthenia it is important to remember the physiological fact that narcotics at first stimulate, however evanescently, and delirifacients eventually soothe.

The business man begins by taking his accounts to bed with him. In his dreams, the student construes "*Arma virumque cano.*" Wrapped in the arms of Morpheus, the sensualist experiences more vivid erotic pleasures. Each arises to his daily task without that refreshment sleep should bring. Eventually sleep becomes impossible, except in the early hours of the morning. Then comes depression, flashes of light, strange noise as if something in the brain had snapped, vertigo, an overbearing sense that something dreadful is going to happen. Eventually the introspective stage arrives. The victim begins to read vicious literature. To his imagination every organ of the body becomes diseased. He thinks insanity is staring him in the face. The skin becomes ashy, the bowels irregular, tending towards constipation. There is inability to fix the attention, and the memory becomes poor. Indigestion is always present, in long standing cases. The least exertion causes violent cardiac palpitation and an intolerable sense of fatigue. Such is the pitiful picture of the neurasthenic, a result of our civilization, and yet we wonder at the increase of suicide.

No characteristic morbid lesion has been found, and its pathology is yet a matter of theoretical conjecture.

I have endeavored to give concisely as possible the salient features of the functional neuroses, and what are the conclusions.

We find heredity occupying a prominent place among the causative conditions in all of them. We find, and I wish to lay stress on the point, in passing from epilepsy to neurasthenia in the order I have placed them, the violence of the manifestations decreases, while the average age increases from early childhood to advanced adolescence. We find the female sex furnishes the preponderating number of victims, and as we descend the series, the ratio of the sexes becomes more nearly equalized. We find a seeming arbitrary grouping of symptoms to form the several affections here discussed, the symptoms of neurasthenia gradually shading into those of hysteria, while, at times, there is no small difficulty to diagnose between the latter affection and epilepsy. We find no characteristic, constant lesion; the changes found after death are considered rather an effect than a cause of the disease. We find, lastly, that reflex action is strikingly manifest in them all.

In presenting this paper it is my earnest endeavor to avoid the extremes to which medical men, as a rule, are so prone, to seek a golden mean in attempting to glean some few kernels of truth from the chaotic conglomeration of conjectural chaff and apply well known laws to explain the facts presented.

One great difficulty in the way of a clear understanding is due to the fact that some of the phenomena of the functional neuroses are psychological and some physiological; to attempt to explain the one by the laws that govern the others is manifestly absurd. The neuroses bear the same relation to physiology as does reminiscence or association of ideas to psychology, speaking of which, Oviedo, a Jesuit scholar, declared was "*maximum totius philosophiae sacramentum* (the greatest mystery of all philosophy)."

Dr. Noah Porter, the eminent psychologist, explains the phenomena of association of ideas in the general law, "that the mind tends to act again more readily in a manner or form which is similar to any in which it has acted before, in any defined exertion of its energy." I wish to lay down as a parallel postulate, from a physiological standpoint, that a nervous impulse, sensory, motor or vaso-motor, tends to traverse certain channels and, under normal con-

ditions, all similar impulses traverse these same channels, rather than overflow into other paths of conduction. On the other hand, let the conditions be changed, let the intensity of stimulation vary, and the wave of excitation leaves its channel, affects center after center, seeks new outlets, until regions far remote are affected.

From embryology we learn that the spinal ganglia and anterior roots are formed about the sixth week. That in the third week of embryonic life the medullary groove, from which the central nervous system is formed, becomes curved at its anterior extremity and presents three dilatations separated by two constrictions, the primary cerebral vesicles, the anterior of which is on a lower level than the other two. By this arrangement the parts of the brain developed from the middle and posterior vesicles are developed *in situ;* on the other hand, the anterior vesicle sends up an offshoot which soon becomes marked by a longitudinal groove. From this the hemispheres of the cerebrum are developed. By the third month the cerebral hemispheres have risen above the optic thalami, and above the cerebellum about the sixth month. Furthermore, the hemispheres are not divided into convolutions until the eighth month of embryonic life. We thus see that the spinal cord and the automatic centers are developed prior to those regions of the system that preside over them, exerting over the man inhibitory or controlling influence.

Parrot has shown that the brain of a new-born child is of gelatinous consistency, is uniformly gray in color and has few nerve fibres. By the end of the first month the substance of the occipital lobe begins to grow white, and that development is not complete until the ninth month. In our anatomical studies we found lying on either side of the anterior aspect of the spinal column, and in the cranial cavity, certain ganglia. That each ganglion is connected by fibers with the ganglion above, the one below by filaments with the spinal or cranial nerves, according to situation, and, fourthly, have filaments of distribution either to organs directly, or the filaments of distribution from several ganglia unite to form a larger ganglion or plexus and thence distributed. This is the wonderful sympathetic.

Physiology teaches us that the cerebro-spinal system consists of the higher voluntary and inhibitory centers, of automatic and reflex ganglia, of afferent and efferent paths of conduction, and lastly, we have the organs and muscles to which these paths lead. We have found that the reflex and automatic centers are developed prior to the inhibitory. Says Soltman, "the excitable parts of the cortex and the so-called motor area do not exist in man and animals before the occurrence of voluntary acts." The wailing infant is at the mercy of the reflex centers, is dependent upon the harmonious working of the vegetative functions. As he grows older the higher centers increase in power to inhibit, and by the second year of life we find such functions as defecation and micturition greatly under the influence of the will. Tersely put by Bernheim, "as a psychical organ, the brain not only intervenes to moderate reflex action, but also intervenes to correct, to interpret and to rectify impressions imperfectly transmitted by our sensory organs, or suggested by an external influence." Even so in infancy, before the inhibitory powers are sufficiently well developed and strengthened, sources of irritation, acting through the unrestrained reflexes, are capable and do produce widespread motor disturbances, whereas the same irritant acting on a properly developed subject of riper years would be insufficient to produce a muscular twitch, the blink of an eyelid.

The sympathetic system has certain independent functions capable of action through certain plexuses after all connection with the cerebro-spinal system has been severed. Physiology also teaches us that these plexuses may be influenced by fibers from the cerebro-spinal system, either for stimulation or inhibition. Such are the automatic ganglia of the heart, the mesenteric plexus of the intestines, the plexuses of the blood vessels, uterus, etc. We

therefore see what a powerful factor is the sympathetic nervous system in the production of such reflex action, and by reason of its intimate connections it is like the well poised balance wheel, the delicate hair spring, and once out of order, the whole mechanism becomes involved in hopeless confusion.

Now what are our conclusions based upon this review of embryonical, anatomical and physiological facts : That the true foundation of the pathology of the functional neuroses is found in a persistence of the state of unstable equilibrium between the coördinating and reflex centers as found in infancy, or, on the other hand, that this condition may be induced by overwork, overindulgence in pernicious practices and hence overexcitation and subsequent weakness of those inhibitory and controlling centers, so necessary to the harmonious working of all the bodily organs. Granted such a state, how easy to explain, according to our postulate, why a wave of excitation may travel unusual routes, pass into other channels, spread from region to region, affecting sections most remote, until the disturbance becomes so widespread we have unconsciousness, convulsions, pseudo-paralysis, contractions, anesthetic and hyperesthetic spots and zones, ringing in the whole category of changes I have tried to enumerate and so peculiar to the functional neuroses. We see why heredity plays so important a part. It is just as easy to inherit a weakened condition of the controlling centers of the brain as it is to find red hair, blue eyes or six toes peculiar to certain families. It becomes plain why the average age of the subjects is so low. It is then, in early life, that the state of equilibrium between the higher and lower centers is most unstable, great reflex disturbances are most prone to occur. How else can we explain the fact that children subject to epileptic attacks recover as they grow older, except by the natural law that as they grow older the inhibitory powers become stronger. That some do not thus recover does not invalidate the theory, because this state of unstable equilibrium may persist through life through some defect of development, or may be continued through pernicious practices and an injudicious manner of living.

How naturally does it accord that the female sex should be the principal sufferers. Why ? Because of their manner of living. Because sources of reflex irritation are more numerous than in man. Because in man there is nothing analogous to menstruation, parturition, lactation and the menopause. All of us have seen the conditions produced by irritated and prolapsed ovaries ; we see associated with the changes the uterus undergoes during gestation the greatest reflex digestion troubles ; we have taken advantage of the fact that the application of the new-born child to the breast excites prompt contraction of the uterus; who has not observed the great disturbances, psychic, sensory and motor, attending the climacteric ? Let the inhibitory powers be weakened by heredity or manner of living, equally in the man and in the woman, how manifold more numerous are the sources of reflex irritation in the latter, and by reason of which the stability of equilibrium is destroyed by a process analogous to the "trigger action" of physics.

Observe as we descend the series, as the average age increases, how the symptoms change in character and violence. Just as surely as the oft-quoted drop of water wears away the stone, so do the injurious influences of our civilization insidiously, silently, but none the less surely, produce a weakened state of equilibrium in the strongest even, and by reason of this varying strength we have the phenomena of epilepsy, hysteria or of neurasthenia, as the case may be. Consider how rational, and therefore so eminently successful, is the rest treatment of Dr. Weir Mitchell in certain of the functional neuroses, in connection with this hypothesis. Be this condition of instability, congenital, developmental or acquired, by this treatment the patient is almost absolutely cut off from sources of external irritation, thus allowing these centers, like "tired" magnets, time and the opportunity to regain their normal tone. In view of

these facts it does seem that *all* of the functional neuroses, so-called, are dependent upon the same pathological entity and that this condition is a varying state of weakness of control exercised by the inhibitory centers (as described) over the reflex, and by reason of this varying loss of control we have the symptoms peculiar to the several affections. This condition granted, then, just as the cap of fulminating mercury loosens, by its explosion, the pent-up energy of the dynamite that rends the huge rock, so does reflex action, manifesting itself along unaccustomed routes, affecting a center here, a group there, producing hyperemia of this or that organ, anemia, sensory disturbances or "explosion of pent-up nerve force," resolve the phenomena of the various functional neuroses, as it is both wise and convenient to group them for purposes of study.

SPECIALISM.

By J. Boyce Taylor, M. D.,
President Cabell County Board of Health, Huntingdon, West Virginia.

In days past the "family physician" was supposed and expected to be ready at any and all times to treat all pathological conditions. The schools of medicine were comparatively few in number, their curriculum more or less limited, and the great field of microscopical investigation and conservative medicine and surgery a sealed story.

Crude and rude were the mechanical devices, and nauseous and bulky the drugs with which the "old school" "did battle;" hence not much was possible. But scientific investigation has made mighty strides, theories have been advanced and results attained which have virtually revolutionized the practice of physics. The field has been broadened and the amount of knowledge in each department greatly increased, until special work is a flattering possibility and today offers unlimited results for good. Accuracy and precision where once vague doubt and wild conjecture were the ultimatum.

The eye and ear, nose, throat and chest, each a boundless study in itself, are, by virtue of their anatomical and physiological relationship, not infrequently studied in conjunction. Nervous and mental diseases, venereal affections, rectal surgery, each claiming its special followers, fill out the list but partially.

There are many reasons which could be advanced by students why specialism is not only right and proper, but is absolutely demanded by the times. A half-way hesitating knowledge is not of much avail in this day of crucial investigation, when men of brain devote years to the detection, culture and experimentation with bacteria, developing a profound degree of knowledge concerning the appearance, shape, habits and pathological effects of the bacteria in question, and propound lines of treatment whereby pathological conditions generated by their presence may be aborted or corrected.

The domain of physiological therapeutics, as to the dosage and action of new remedies and the discarding of those whose efficiency has long been questioned, is daily yielding abundant results which fully justify its continuance and elaboration. Restorative and compensatory surgery has under the safe, strong arm of asepsis and antisepsis asserted itself in no uncertain fashion.

Operations are daily performed by American surgeons which twenty years ago would have seemed absolutely impossible; and the end is not yet.

Obstetrics, gynecology, pediatrics, each yielding an hundred fold by way of return for the study and time devoted to them by men whose minds are keenly alert to the good that remains yet unattained. All this new found glory beckons the young disciple of Esculapius to specialism, and yet there are reasons,

many and good, why the beginner should first court and follow the general practice of medicine and surgery.

He should become thoroughly grounded in those "prime principles" of the science before he endeavors to do special work. This is especially true from the fact that all conditions demanding a specialist, with few exceptions, demand a course of preparatory treatment, intelligently directed, and the man who enters a special line of work at the outset of his career is too apt to overlook the very important minutiae of general practice. Then too, pathological conditions requiring special aid are not infrequently produced by causes which exist after the special operation or treatment, and yield only to the physician's tonic or alterative treatment.

We are justly proud of our American specialists and the great glory they have shed on our country's name, and the praise they have wrung from foreign laborers; we bespeak for them and their work the hearty aid and co-operation of all who labor for man's physical restoration and well-being.

But if the best results are to be attained by American specialists, and a full fruitage of scientific glory be theirs, they must first know and fully appreciate the vast many-sided field of general medicine. The superstructure of specialism must needs rest upon the broad and deep foundation of skill in everyday practice, if it would become a fixture and outlast the uncertain present.

SOCIETY REPORTS.

RICHMOND ACADEMY OF MEDICINE AND SURGERY.

MEETING HELD FEBRUARY 12, 1895.

Dr. Landon B. Edwards was the leader in the subject for the evening, THE THERAPEUTICS OF GOUT, URIC ACID DIATHESIS, GRAVEL, ETC. The whole subject of gout, however, being open for discussion. Poor man's gout is due to half-masticated food, washed down by draughts of heavy beer, and to lack of exercise. Gout may also be caused by lead. An excess of highly seasoned food, in fact, excesses of any kind, directly predispose to it. The disease implicates oftenest the nervous system. Of course, it is directly due to the increased formation or diminished elimination of uric acid. There are strong reasons for attributing to the liver the chief part in the formation of urea. So long as this organ is active, the kidney carries it off; but if for any reason the kidneys and liver do not perform their duties, retention of uric acid occurs and the result may be manifested in gout, regular or irregular, with its attendant symptoms; in the formation of tophi or calculi, renal or vesical.

As to treatment. Children of gouty parents must do more than live temperately, both as regards food and drink. They must take plenty of exercise. An indication for treatment is to prevent catarrhal conditions of the urinary tract. Use milk and an abundance of alkaline waters. In the growing child, use fish, eggs, cereals, etc. Avoid over-eating, especially highly-seasoned food and dark meats. Clothing must be suited to the season.

In the examination of the urine, extractives should be looked for, as well as uric acid and albumen. For constipation nothing is better than cascara. In the beginning of the attack, use moderate doses, 12 to 15 drops of the wine or tincture of colchicum seed night and morning. Aconite in drop doses may be combined with it. The action of colchicum varies according to idiosyncrasy, some people being able to take a teaspoonful without discomfort, while small drop doses in others produce fatal effects, and in any event the vomiting which may occur is objectionable. Salicylate of sodium is a specific in this disease and more. It assists in the elimination of uric acid first, and then prevents its further formation. It shows its virtue in preventing both acute and chronic gout.

During the intervals, no one medicine excels iodide of potassium in small doses and at long intervals. For neurotic troubles during the intervals, use diluted solutions of phosphate of sodium. Especial value is attributed to the use

of the lithium salts. I have confidence in the lithia waters, especially for the results of gout. I have no doubt that calculi can be reduced in the system and washed out by the urine. A case occurring in my practice is in point. The man claimed descent from noblemen. The father was a gourmand and a beer drinker and his children had gout and renal calculus. In one child, the latter was pronounced. Operation was declined. The diet was restricted. Lithia water was prescribed and in a few days the urine was better, calculi passed, all symptoms disappeared and, so far as I know, never reappeared. The effect of lithium and allied salts is to alkalinize the blood. It is proved by authorities that waters containing even but traces of lithium possess solvent action on uric acid gravel and tophi. In one report, 73 per cent of the cases collected showed solution of stone and in the balance crushing was facilitated.

Dr. Hugh M. Taylor: Dr. Edwards said in order to be free of gout, one must be poor. Now according to authorities, the rich man has gout, but his child is free from it; the poor man is free, but his child has it. The reason is the rich man's child has his food carefully selected, is given opportunities for taking all the exercise he wishes and has no anxiety whatever. The poor man, although he eats indigestible proteid food and drinks heavy beer, is obliged to labor for his living. His child is scantily clothed, lives in unsanitary dwellings and his food is not alone scanty, but indigestible. I have often been struck with the fact that vesical calculus is uncommon in the negro child and can recall but one case in the whole race and that was in my practice. The explanation is the same as in the case of the poor man, but I cannot understand why the child is exempt.

Dr. Jacob Michaux: I am struck by Dr. Edwards's statement as to the small quantities of salts acting favorably. If the doses are full, the stomach recovers and especially is this true of the salts of lithium. We forget that we are injuring the digestive functions in giving large doses of alkali. The success of mineral waters is due to the small amounts of salts they contain and to the fact that patients take them instead of water.

Dr. J. S. Wellford: In the uric acid diathesis there is not sufficient metabolism. I contend that rheumatism and gout are but different phases of the same thing. I don't believe in the lactic acid theory and I hold that lithemia is a blood-poisoning due to uric acid, the same being true in the sequelae of scarlet fever and in dysmenorrhea, most particularly in the latter if the patient has gouty parents. In one case in my practice, the patient was free during the reproductive period; but as soon as the menopause came on, gout manifested itself. Whenever a person is making more nitrogenous matter than he can dispose of, gouty symptoms occur. The skin plays an important part in elimination, as do the liver, intestines, etc. If for any reason they do not act, extra labor is thrown on the kidneys and susceptibility to gout occurs. My theory as to the cause of vascular and cardiac complications and sequelae is the lining membrane of the left side of the heart and of the arteries is intended for alkaline fluid; that of the right side and veins for acid. As soon as the blood, for any reason, becomes acid, the arteries and left side of the heart are affected and we have arteritis, cardiac palpitation, angina and valvular trouble. We never have phlebitis in gout. As to the joints, they have less circulation than other parts of the body and the blood is not so alkaline. They are therefore disposed to stagnation and deposit.

Anything producing increased quantities of nitrogen or lessened metabolism creates gout. After the food has been taken in, digested, assimilated, it is rendered effete and thrown into the venous system. Prior to, and during that time, it undergoes chemical changes and leucomaines are formed. Urea is one of these, then uric acid, and if indigestion occurs, lactic acid.

A number of people have gout because they do not take enough water, the uric acid being too concentrated.

In the treatment of gout, I am of the opinion that mischief may be done in

trying to relieve too suddenly by stopping elimination, and confirmed gout may result. Oil of peppermint is the best local application I have tried. It is soothing and aids in the solution of the acid. In constitutional treatment, do not use too much opium, for the reason given above ; it prevents elimination of the acid. Of the alkalies the salicylates to a certain extent are the best, especially that of potash. I believe the mineral waters subserve a useful purpose by flushing and am satisfied that I have saved myself frequently from attacks of gout by the free ingestion of water.

Theoretically, lithium ought to be the best article in gout, but in my experience I have not found it of half the value of potash, urate of the latter being more soluble. All of the potash salts are diuretic, soda, cholagogic. The main treatment should be in diet and exercise. The reason we have so much more gout now than previously is to be found in the use of the street cars, and in the case of physicians, buggies. The diet must be regulated by the individual. No hard and fast lines can be set down. Let it be liberal. Diminish the nitrogenous food and liquors, or if the latter must be used, give good whiskey. Use carbohydrates.

Dr. Mark W. Peyser referred to the connection between the leucocytoses and uric acid. The acid is related closely to the extractives xanthin, sarkin, guanin, adenin, etc. Spleen nuclein does not contain uric acid nor these, but it does contain the mother substance from which they may be made ; the acid being formed in the presence of an oxidizing substance, the others being formed in its absence. The nuclein is derived from the colorless corpuscles and the amount of urea and uric acid formed is a measurer of nuclein metabolism. Any condition, then, which produces leucocytosis increases the production of uric acid. Hence, we see it when a large amount of proteid is taken in, in leucocythemia, phosphorus poisoning, acute febrile diseases (especially pneumonia) in infants, pernicious anemia, etc.

Dr. Peyser referred to the intimate relation existing between gout and diabetes mellitus and Packard in Hare's System of Therapeutics was quoted in regard to it. This authority cites a table given by Charcot, showing that in three generations of one family, the first contained a gouty individual, the second four gouty and four diabetics, and the third, one gouty.

Dr. E. C. Levy mentioned a case illustrating the effect of diminished ingestion of liquids, which was speedily relieved by the free use of water. The reason that carbohydrates are not advised, he said, is because of the large amount of oxygen required for their oxidation. He has had good results in the use of piperazine.

Dr. Edwards, in closing the discussion, said that beginning with 1875, we could trace developing cases of gout. From 1860 to 1875, it was rare to hear of it, because of the struggle necessary for livelihood. Piperazine has been tried and found wanting clinically. The chemist in his laboratory found it perfect. Medical treatment should be tentative; drugs being given in small doses. Large doses of colchicum cause stomach troubles and are not inapt to produce death. I am, he said, in accord with Dr. Wellford as to relieving too suddenly. The salicylates act as solvents and not as the physiologists wished them to do. They are by far the best remedies in the production of cure. As to diet, avoid tomatoes on account of the oxalic acid contained in them. The presence of uric acid in the blood greater than 1 to 6000 will cause its precipitation and gout; 1 to 7000 gives rise to the formation of crystals and the manifestation of gouty symptoms. Beyond this amount it has no effect. Dr. Wellford spoke of uric acid as a leucomaine. According to Roberts, hypodermic injection of it does not produce gout, and he (Roberts) says it is the mechanical action that gives rise to disease.

REPORTS OF CASES.

Dr. Michaux said he reported the following merely to go back to the subject for the evening's discussion. Male; the first attack had been so sudden and

severe that the patient thought he had been bitten by a spider, but subsequent attacks showed the nature of the malady. The diet was regulated; but the patient was imprudent. Finally, salicylate of sodium with small doses of colchicum and aconite was administered, and the case progressed favorably. I am of the opinion that colchicum should be given in moderate doses short of its purgative action. Speaking of the injection of uric acid, I should hardly expect it to produce gout in the healthy individual, because the blood is alkaline and all the emunctories are in perfect action. In threatened attacks, I have employed free purgation with saline, with happy results.

MARK W. PEYSER, M. D.,
Secretary.

MEDICAL PROGRESS.

TRAUMATIC GLYCOSURIA.—Glycosuria in any form is always an interesting study but ever since the experiments of Claude Bernard on this subject the study of traumatic glycosuria has occupied scientific attention more or less. Drs. F. A. Higgins and J. B. Ogden have made observations on two hundred and twelve cases of head injuries in the Boston City Hospital and their conclusions as laid down in the *Boston Medical and Surgical Journal* are exceedingly instructive. They are :

1. That, after injury, sugar may appear in the urine as early as six hours, and disappear within twenty-four, the average time for its appearance, however, being from eight to twelve hours ; for the disappearance of the same, from the fifth to the ninth day.

2. That a small proportion of the cases may exhibit a permanent glycosuria from the date of injury to the head.

3. That acetone and diacetic acid are rarely if ever found in such cases, excepting where the condition becomes a permanent glycosuria, and even then probably only after a number of months or years.

4. That of the twenty sugar cases here recorded, eleven (55 per cent.) had received an injury to the right side of the head ; five (25 per cent.) to the left side; three (15 per cent.) to the occiput, and two (10 per cent.) where there was no external evidences of violence.

5. That it is impossible in the present state of the knowledge of the pathology of diabetes and glycosuria to draw any inferences from the autopsies which have been obtained. It was thought best, however, to report them in full.

6. That there is little to be said in regard to the mortality. Of the twenty cases, eight died—six being the direct result of severe injuries, one from intercurrent disease, and the third probably from alcoholism. In the 212 cases, 16 were fatal, 50 per cent. of these having glycosuria.

* * *

SEPTICEMIA.—Septicemia after childbirth and particularly after miscarriage is a very dangerous complication. Dr. D. Rose gives his method of treatment of such cases in the *New York Medical Journal.* He wipes out the uterine cavity until the borated cotton comes away odorless and then he applies iodized phenol to the interior of the uterus. This he repeats daily, if necessary, and also gives internal medication. This method of treatment is attended with no pain, no risk and in his hands has been uniformly successful.

* * *

MOVABLE KIDNEY. — De Renzi (*British Medical Journal*), in a clinical lecture on a case of movable kidney, says that in the physical examination of such cases he prefers the lateral to the dorsal position. Movable kidney is often associated with dilatation of the stomach ; this is either a mere coincidence, or due to pressure on the duodenum, or a reflex neurosis. Glénard believes that movable kidney is only part of a general prolapse of the abdominal organs due to loosening of the various ligaments. In De Renzi's case there was also prolapse of the stomach with slight dilatation and slight prolapse of the uterus. In cases where there is evidence of a more or less general prolapse of the abdominal organs, surgical interference for the movable kidney is always insufficient.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

TERMS OF SUBSCRIPTION, $3.00 a year, payable in advance, including postage for the United States, Canada and Mexico. Subscriptions may begin with any date.

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SEE PUBLISHERS' DEPARTMENT, PAGE 389.

BALTIMORE, MARCH 9, 1895.

Danger Signals.

DR. H. NEILL of Sibley, Ohio, in an address before the Southwestern Minnesota Medical Society published in the *Northwestern Lancet* utters words of warning against the rapid increase in the number of medical schools and of physicians in this country, and shows the weak points and danger signals. It is the personal desire for ambition that collects a number of men together to found a medical school, which in its dangerous competition turns out each year a number of poorly educated medical men who are let loose on a long-suffering and unsuspecting public.

So great is the competition among these schools that they bid for students and offer all sorts of inducements until young men give up all ideas of a mercantile life and dazzled by the thought of large fees and great names dash with enthusiasm into the study of a most difficult profession, and in a short time are turned out on the world to starve or to kill. The better class of schools are lengthening their courses and strengthening their weak points, but there are plenty that would be much better killed than strengthened. Some of the better schools of the east have reduced the number of students and graduates by raising the standard and also the fees, with the result of making less work, giving better facilities for study and making just as much money. It is only by action and a thorough awakening from lethargy that reforms and improvements can be effected.

The severe requirements for entering such medical schools as the Johns Hopkins University Medical School will result in raising up a small class of educated and efficient physicians. To show how little a medical student may know of Latin, it is only necessary to quote from the advertising pages of an exchange. In all good faith and earnestness, the following is advertised in an eastern medical journal:

"A translation of the diploma of——— Medical College will be forwarded on receipt of a two-cent postage stamp by Dr.———."

* * *

Hobbies.

RARE indeed is the man or woman who has not a hobby some time in the course of a long existence. Strange it is too that the hobby is often more loved than the chosen occupation of life. It must be that hobbies are necessary, that they keep the brain from growing one-sided ; they act as a safety valve to the body and by diverting the attention from one subject, give that part an opportunity to rest and recuperate.

The worst kind of hobbies for the medical man are those that are in his profession. A physician may have a bicycle as a hobby ; he may take music, carving, drawing or what he pleases and it helps him if he does not neglect his chosen work, but the harm comes when he makes as his hobby a particular organ or operation or method and, like the hypnotized subject, always sees that and that only and is blind to all other parts of the body.

The public as a whole is a trusting body and more ignorant in general on the subject of medicine than of any other calling, and a trusting patient submits almost entirely to his physician. This is why so many ovaries are removed, why so many tenotomies are done, why so many exploratory incisions are made, so many abdominal operations are performed.

Such hobbies do harm and are not a credit to the healing art.

There is great competition among physicians and the younger men especially, lured by the attractiveness of a surgical operation now apparently so easy and safe under strict antisepsis, attempt difficult work which is not always justified by the conditions, in order to make an impression and a large fee. Hobbies are certainly a benefit and a means of diversion to the busy man, but when such hobbies form a part of the occupation and are introduced into everyday work they become dangerous and should be stopped.

* * *

Free Baths.

With vivid recollections of freezing weather, snow and ice it may seem a little premature to open the talk on free baths for the poor in summer, but it is only by beginning early and often on such an important subject that the city fathers can be brought to see the necessity and importance of these institutions.

Baltimore is behind other cities in providing means for bathing places and the police are very vigilant in arresting the warm and unclean small boy who does no greater wrong than evince a desire to be clean and cool. The good citizen is usually the clean citizen and when a person poses as a reformer and a good man and is not clean and when there is absence of cleanliness, it may be safe to distrust such piety. If the poorer class is to be elevated and improved, there can be no better way of beginning than by allowing plenty of water for bathing purposes. When the skin is active and free, the thoughts will flow in pure channels.

Baltimore (and perhaps other cities) has been delaying too long with such important matters. City missionaries have been most successful in those districts where soap and water has first paved the way, and if the small boy's instinct, which is supposed to be usually so perverse, once in a while leads him in the right direction and if others, too, show a desire to use water, they should be encouraged in every way possible.

The foundation and support of public baths is one part of municipal government in which physicians can very properly interest themselves, for the more soap and water abounds the less will disease flourish. Let every physician therefore uphold and aid any movement which will establish and well equip public baths and teach all that when dirt is removed disease and crime stand a poor chance to thrive.

The paltry appropriation made last year by the Baltimore City Council for public baths was soon exhausted and the number of persons who availed themselves of this refreshing and invigorating method of getting clean showed how necessary such arrangements are. If all the baths be put on the water front their use will necessarily be limited, while those scattered through the city at convenient points will give an equal chance for all.

* * *

Present Epidemic of Grippe.

Grippe, that elusive and obscure disease, is a constant source of worry to the general practitioner and a will-o'-the-wisp to the pathologist. Almost every year since 1889 the disease has appeared with changes of type.

Dr. Andrew H. Smith gives in the *Medical Record* a brief abstract of the interesting features of the present epidemic. At first the respiratory form prevailed, then followed an abdominal variety and last of all the nervous system seemed to bear the brunt of the attack. A persistent tracheal cough was also prominent at times. It is a teasing cough with little expectoration. Another peculiarity is the subnormal temperature following the febrile stage. Then again otitis media was frequent.

While the coal-tar products give the best results still it is well to guard against their depressing effects and their tendency to cause sweating. To avoid these Dr. Smith uses camphor and atropia in about this way: Three to four grains of phenacetine, one-half grain of camphor and the one-three-hundredth grain of atropia. Two of these pills at the start, with one every three hours, will remove all fever and pain. Opiates are injurious in cough and the bromides, particularly ammonium bromide, are better. Inhalations of warm vapor containing carbolic acid are very effective.

Lack of care in convalescence has been the means of bringing on relapses, too often fatal. If the patient can be taught the importance of prudence in the recuperating stages the chances of pneumonia will be very small. In such a disease medical attention is important and obedience on the part of the patient imperative.

MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending March 2, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		42
Phthisis Pulmonalis		27
Measles	22	1
Whooping Cough	2	2
Pseudo-membranous Croup and Diphtheria	14	7
Mumps	2	
Scarlet fever	20	1
Varioloid	2	
Varicella		
Typhoid fever		6

Philadelphia still has some cases of smallpox.

Dr. H. Starr has removed to 117 West Mulberry Street, opposite Pratt Library.

Dr. John Whitaker Hulke, President of the Royal College of Surgeons of England, died recently.

Dr. Dujardin-Beaumetz, the distinguished French therapeutist, died last month at the age of sixty-four.

Prof. Jacob Gottstein of Breslau, the well known laryngologist, died last month in his sixty-fourth year.

Dr. Joseph F. Edwards of Philadelphia publishes a daily medical journal called *The Daily Lancet.*

A bill for the execution of death sentences by electricity has been introduced in the West Virginia Legislature.

Roosevelt Hospital is to be enlarged by the addition of a five-story building to the west wing; the estimated cost is $125,000.

The dairymen of Virginia are fighting imitation butter. The cases will be carried to the Supreme Court of the United States.

The Twenty-fourth Congress of German Surgeons will be held at Berlin from the 17th to the 20th of April next. Professor Gussenbauer will preside.

The New York State Medical Society has awarded the Merritt H. Cash prize of one hundred dollars to Dr. A. L. Benedict of Buffalo. His essay was on "Auscultatory Percussion and Allied Methods of Physical Diagnosis."

Dr. Roswell Park, Professor of Surgery at the Buffalo University Medical College, was elected President of the New York State Medical Society.

The food inspectors of Baltimore condemned 4097 pounds of meat during the month of February, inspected 6875 gallons of milk and condemned 408 gallons.

Mrs. Minturn of New York has offered the Board of Health of that city $25,000 towards the establishment of a private hospital for the treatment of contagious diseases.

The Health, Sanitation and Climatology of the Southern States is the name of a new quarterly journal published in Washington, D. C., with Walter C. Murphy, M. D., as editor.

Mr. J. H. Schiff and Mr. L. G. Bloomingdale have each given $25,000 for the establishment of a country home for consumptives. The new establishment will be called the Montefiore Country Home for Consumptives. It will be non-sectarian and entirely devoted to the poor.

Dr. Nicholas L. Dashiell, aged eighty-one years, died in Baltimore last Wednesday. He was a native of Baltimore and was graduated from the Maryland University in 1837. He had practiced on South Broadway fifty-eight years. He was a member of the Medical and Chirurgical Faculty of Maryland. Dr. N. L. Dashiell, Jr., is a son.

Dr. Hiram J. Penrod, class of 1872, Washington University, formerly of the Medical Department United States Army and later resident physician Maryland Maternité and physician in charge Free Dispensary College of Physicians and Surgeons, Baltimore, Md., has resumed practice and has opened an office at No. 923 M Street, N. W., Washington, D. C.

The British Orthopedic Society is the name of a new association organized at a meeting held in London on November 3. Mr. Keetley was elected Treasurer, and Messrs. E. Luke Freer of Birmingham, and A. H. Tubby of London, Secretaries. There is to be no permanent president, each meeting electing its own chairman, as is the rule in the Dermatological and Physiological Societies.

WASHINGTON NOTES.

The regular meeting of the Medical Society of the District of Columbia was held on Wednesday night, February 27. Dr. S. O. Richey read a paper entitled, "What is the Significance of Oxalate of Lime in the Urine." The discussion was opened by Dr. W. W. Johnston. Dr. Robbins read a paper on "Cerebral Syphilis," which was discussed by Drs. W. W. Johnston, Dufour and others. Dr. W. W. Johnston presented specimens as follows: 1. Cancer of the Intestines. 2. Tuberculosis of Organs from Trudeau's laboratory, Saranac Lake.

Dr. DeSchweinitz, Professor of Chemistry of the Columbian University, discussed the subject of tuberculosis from the laboratory standpoint.

The Washington Gynecological and Obstetrical Society held its regular meeting on Friday night, March 1, the President, Dr. Henry D. Fry, in the chair.

Dr. Fry presented a soft edematous tumor that he had removed from a woman a short time before. It was a fibroid growth, which was not attached to the uterus, but grew in the folds of the broad ligament. This woman some time ago applied to Dr. Fry, who discovered a small tumor, but before he could operate she became insane and was sent to an asylum. She has recovered sufficiently to have the operation performed. The ovary of the other side was also removed, but was not diseased.

Dr. M. F. Cuthbert was the essayist of the evening and his paper was entitled "Some Unusual Cases of Labor." He reported some fifteen interesting cases, all occurring in private practice.

Dr. S. S. Adams is the next essayist and he announced that the title of his paper will be "Croupous Pneumonia Complicating Scarlet Fever."

Dr. F. S. Nash reported a case of a pessary too long retained. Dr. H. L. E. Johnson showed some pessaries that he had removed from patients, who had worn them for a long time.

PUBLIC SERVICE.

UNITED STATES NAVY.

Week ending March 2, 1895.

Medical Director A. A. Hoehling detached from Naval Hospital, Chelsea, Mass., and granted three months sick leave.

Assistant Surgeon Ammen Farenholt detached from the Norfolk Navy Yard and ordered to the United States Ship "Baltimore."

Assistant Surgeon C. P. Kindleberger detached from United States Receiving Ship "Vermont" and to the Norfolk Navy Yard.

Assistant Surgeon Arthur W. Dunbar detached from the Naval Laboratory and Department of Instruction and to the United States Receiving Ship "Vermont."

Medical Inspector J. B. Parker detached from duty in connection with the investigation of the Ford Theater disaster and to the Hospital and Yard, Portsmouth, N. H.

Medical Inspector D. McMurtrie in addition to present duties to duty in connection with the investigation of the Ford Theater disaster.

UNITED STATES MARINE SERVICE.

Thirteen days ending February 28, 1895.

Surgeon H. R. Carter to assume temporary command of Cape Charles Quarantine during absence of Passed Assistant Surgeon T. B. Perry, February 27, 1895.

Passed Assistant Surgeon P. C. Kalloch directed to rejoin Station, Cincinnati, Ohio, February 21, 1895.

Passed Assistant Surgeon T. B. Perry to proceed to Brunswick, Georgia, Quarantine, for temporary duty, February 27, 1895.

Passed Assistant Surgeon E. R. Houghton granted leave of absence for two days, February 18, 1895. Leave of absence extended five days February 22, 1895.

Assistant Surgeon Rupert Blue to proceed to San Francisco, California, for duty February 23, 1895.

BOOK REVIEWS.

JOHNS HOPKINS HOSPITAL REPORTS. Volume IV, No. 6. Report in Surgery. By William S. Halsted, M. D. 1894.

This contains a report of the results of fifty operations for the cure of cancer of the breast performed by Dr. Halsted at the Johns Hopkins Hospital. The extensive character of the operation and the thorough cleaning out of the axilla is one important characteristic of this operation. The results of the work are excellent.

BLOOD SERUM THERAPY AND ANTITOXINS. By G. E. Krieger, M. D., Surgeon to the Chicago Hospital, etc. Chicago: E. H. Colegrove & Co., 1895. Pp. 68. Price $1.00.

This is a very comprehensive little work containing what we know at present of the

blood serum treatment of diphtheria and tetanus. The illustrations in half-tones are quite faithful and show as well as most photographs can do the appearance of the bacteria. The book is a well written résumé of our present knowledge of this subject.

THE PHONOGRAPHIC RECORD OF CLINICAL TEACHING AND MEDICAL SCIENCE is a small publication devoted to medical contributions in phonography and is an attempt by the Society of Medical Phonographers to make their art more popular. The printing is excellent and does great credit to the publishers. The Record is published monthly except in summer, and is three shillings three pence a year.

REPRINTS, ETC., RECEIVED.

The Third Annual Report of the Sheppard Asylum, a Hospital for Mental Diseases. 1895.

Cerebral Edema. By George J. Preston. Reprint from the *Journal of Nervous and Mental Disease.*

Hysterical Pyrexia. By George J. Preston, M. D., of Baltimore. Reprint from the *Maryland Medical Journal.*

The Diagnosis and Treatment of Floating Kidney. By R. Harvey Reed, M. D. Reprint from the *Columbus Medical Journal.*

Detention Wards for Cases of Suspected Insanity. By George J. Preston, M. D., of Baltimore. Reprinted from the *Maryland Medical Journal.*

Bicycling for Women from the Standpoint of the Gynecolgist. By Robert L. Dickinson, M. D. Reprint from the *American Journal of Obstetrics.*

A New Method for Anchoring the Kidney. By R. Harvey Reed, M. D., Columbus, Ohio. Reprint from the *Journal of the American Medical Association.*

Clinical Notes on the Diagnosis and Treatment of Apoplexy. By George J. Preston, M. D., Baltimore. Reprint from the *Maryland Medical Journal.*

A Report of Thirteen Cases of Ataxia in Adults with Hereditary History. By Irwin H. Neff, M. D., Kalamazoo, Michigan. Reprint from the *American Journal of Insanity.*

A Case of Probable Meningeal Hemorrhage with Symptoms Resembling General Paresis. By George J. Preston, M. D., of Baltimore. Reprint from the *Maryland Medical Journal.*

CURRENT EDITORIAL COMMENT.

REPEATING BY DRUGGISTS.

Canadian Medical Pratitioner.

WE are quite in sympathy with much that has been said about the practice of repeating prescriptions without permission, which has become so common in Toronto. We consider that no arguments are required to prove that such acts on the part of druggists are not just to the physicians, while at the same time they are frequently dangerous for the patients.

MEDICAL EXAMINING BOARDS.

Medical Herald.

AN examining board, invested with the authority and duty of determining the fitness of graduates in medicine, is regarded by some—possibly by a majority of practitioners—as the prophylactic against the evil of incompetency on the part of graduates, which is to preserve the public from the evils incident to this cause or source. If the members of such boards were themselves as competent in every necessary particular as are some of the unfallen angels, such as Gabriel, we might safely leave the determination of this overtopping question to boards composed of them. Like bank directors, the members of examining boards partake too much of the frailties of human nature to be entrusted with autocratic power.

HARD TIMES A BLESSING.

Medical Sentinel.

THERE'S no cloud without a silver lining, and hard times have their advantages. With everything up and moving, the doctor is likely to be drawn into the commercialism of his surroundings. He is likely to think more of real estate than of rheumatism, more of town lots than of tonics. He rushes through his professional work, which is greater during booming times, in a hurried manner, seeking to make what he can out of it, to derive funds for investment in ventures which promise him a career which shall not require professional work. Such a conditition cannot help but lower professional excellence in the individual and hence the general professional body.

With hard times comes fewer patients, more time, and less prospects of wealth outside of the profession. The doctor again realizes that in the calling which he understands he will alone gain preferment, and with additional moments and a realization of the real state of affairs, he returns to his study and enthusiasm for the healing art.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXII.—No. 23. BALTIMORE, MARCH 23, 1895. WHOLE No. 730

ORIGINAL ARTICLES.

CAN THE MEDICAL PRACTICE LAW OF MARYLAND BE MADE MORE EFFICIENT?

READ BEFORE THE CLINICAL SOCIETY OF MARYLAND, MARCH 1, 1895.

By Walter B. Platt, M. D.,
Baltimore.

IT is not my purpose tonight to give an extended exposition of the Medical Practice Law, for most of us are already familiar with its main features. I expect to point out certain defects now existing in the law itself, and to show that it is not the practical success it should be, after the time, thought and effort expended in bringing it about.

To criticise without making some attempt to show how it can be made more efficient is an ungraceful and disturbing deed hardly worth the time it takes to accomplish; consequently I shall indicate as far as I am able such amendments to the law as will make it worthy of the best efforts of a united profession to carry out its provisions.

The purpose of the law is to see that capable practitioners only shall practice in this State. At the same time it was deemed unwise as well as impracticable to disturb such as had practiced in good faith in the State prior to June 1, 1892.

These were allowed to register once for all before the books were closed, July 1, 1894. After this time no one is (according to the law) allowed to register and practice except upon a certificate from the Board of Examiners, and then either after direct examination for recent graduates or in the case of graduates of ten years' standing upon presenting a diploma from a reputable medical college. In this last case a permit to register may be granted. All this seems excellent. What is the matter with the law? There are in the State at the present time three classes of practitioners.

All those who registered before July 4, 1894, as having practiced prior to June 1, 1892, and who must now be regarded, whether rightly or wrongly, at any rate as legally, entitled to practice.

Such as have passed the requisite examinations and are certainly and beyond all doubt entitled to practice.

Those who are not on the register, either in virtue of practice prior to June 1, 1892, in this State, or by virtue of having passed the State examination or licensed by the board.

Of this class there is doubtless a large contingent. How to bring the last class of practitioners under the operation of the penalties prescribed, in consequence of violating the law, to the end that they may cease putting in jeopardy the lives of our citizens, is a question that concerns every one in this community.

We believe the law as a whole is well planned and framed; that the examinations are fair, and well carried out by faithful examiners, is evident both from the published questions, the per cent. who passed, and the character of the examiners. By the last report of our examiners, we see that from June, 1892,

to November, 1894, 130 applied for examination, and 105 passed; leaving a total of 25 who failed, a percentage of about 23 per cent. of failure to pass; 845 in all have registered to November 1, 1894. We believe our examiners are men of ability, unprejudiced, without fear and without reproach. At the same time we must not forget that their function is to examine, and then to license, not to apprehend, expose and prosecute.

One link in the legal chain is then clearly wanting, and that is some person or body of persons who shall see to it that henceforth no one practices in this State not duly licensed. It is now the business of no one to do this. Consequently it is not done. Quack after quack shamelessly and with the utmost publicity plies his trade, and no one says him nay! From pure lack of enforcement our law is nearly a dead letter. While the timid and respectable class of men apply for license and registry, the most injurious class of practitioners defy the law. It is idle to look to the State Attorney for the prosecution of these men.

Now he who steals and he who calmly views the stealing are not far apart. Let us see to it that we are not found among the latter class of men. There is no doubt that our motives will be misinterpreted; prosecution will be called persecution. By the opposing council of the quack or illegal practitioner we will be accused of trades-unionism and the like. In every such case it should be made clear that the person accused is either ignorant and incapable, or else of doubtful reputation. When a lawyer is guilty of very doubtful practices he is disbarred, and every lawyer before practicing must pass some examination, whose severity is entirely under the control of the legal profession. If this degree of care is taken mainly to protect property of men, and occasionally only the person, what shall be said in regard to a profession whose sole care is to preserve and conserve the individual, that he may enjoy life, liberty and pursue happiness! How much more are we entitled to regulate in the most stringent way the qualifications of those who daily have to do with the source of all that constitutes life.

Druggists, dentists, even plumbers, are allowed by law to judge of the qualifications of those who follow their occupation, and public opinion cheerfully upholds them. This will be the case with us when we unite, and back up our men who look after the enforcement of the medical law. Clearly, then, we need some one to enforce the law even as it now stands.

In my opinion the Medical and Chirurgical Faculty should take up the matter. A committee should be appointed with full powers to act, composed of representative, public-spirited and discreet men. They should be empowered to select an agent who shall look up all illegal practitioners, secure proof and prosecute. Proof is not difficult to obtain. Any person not registered, practicing medicine, is on the face of it guilty. Any one going into such a physician's office, receiving a prescription and paying a fee is beyond cavil receiving treatment, and the person giving it, practicing.

It is far easier to prove this, than to say that a child is cruelly treated. The Society for the Protection of Children, the Society for the Prevention of Cruelty to Animals and others all have regular agents. Would not every physician in the State cheerfully contribute one dollar annually and the State Society two hundred dollars? After the first few prosecutions it is clear that eternal vigilance, and warning to the would-be offender, would be mainly effective.

Now as to the law itself; it needs an amendment in two particulars.

1. If not registered, putting out a sign or advertising to treat disease should be *prima facie* evidence of attempt to violate the law, and attempt to violate should in this case be punishable as well as actual violation. This is the case with certain other offences.

2. There should be some positive definition as to what constituted "practice of medicine prior to June 1, 1892."

This is very much needed. As the law at present stands any drug clerk or

corn quack who will swear that he has practiced medicine previous to that date is allowed by the clerk of the court to register, while the practice in this case may have been, if anything, a dose of castor oil over the counter or the winding of a rag about a cut finger. There is no method of proving that such person did not practice. The Examining Board, to whom he must (but does not) in any case apply, should, moreover, be made judge of the facts, and not the person applying for license.

These are the two weak points of the law as it now stands, and could easily be corrected by properly directed united effort. Is it not worth while to make this? It is my belief that the law as amended would prevent any future abuse of registry in regard to practicing prior to June 1, 1892. To avoid misconstruction of motive in urging examinations the examiners should receive a fixed salary from the State, and turn their fees into the State Treasury. Unfortunately this amendment could not affect the large number of persons entirely unfit to practice, who have already registered.

One thing more ought by all means to be done, viz.: to send to every legally qualified practitioner a complete list of all who have registered, and been licensed, whether after examination or not. Every physician in the city would inevitably notice the name of any practitioner in his neighborhood who was not on the list, and would doubtless refer the name to the prosecuting agent for investigation.

I have taken the time of the Clinical Society this evening solely for the purpose of arousing, if possible, some interest in the enforcement and amendment of our medical law. Similar laws in other States have done wonders in driving quacks out of their borders. The movement is slowly spreading. Why can not the good State of Maryland at least keep up with the procession?

A Fatal Case of Multiple Neuritis.—At a recent meeting of the Clinical Society of London, Churton (*American Journal of the Medical Sciences*) reported the case of a rather fragile girl, fourteen years old, who, two years before coming under observation, had choreic twitching of the eyes, supposed to be due to imitation of a school-friend. Some eight months later the shoulders and head also became affected slightly. Five or six weeks after this the girl went to a school-party and became excited and tired, and afterward walked two miles, and was quite exhausted. On the following day she still felt tired, and complained of a sensation of "pins and needles" in the fingers, and was unable to play the piano. On the next day she staggered in walking, and on the following day was in bed and complaining of pains in the calves of the legs. The temperature was now found to be 103°, and the paralysis advanced; gradually use of the arms, legs and trunk was lost, and the reflexes were abolished. Attacks of rapid breathing occurred, and the heart's action was also rapid. Sensibility was preserved, and there was no edema. Death took place six days after the onset of the acute symptoms. Analysis of the drinking water used showed the presence of considerable quantities of lead, and especially in that from the hot water pipe. It was further learned that the child had been in the habit of taking tea made with water from the latter. The fatal illness was ascribed to multiple neuritis due to chronic lead-poisoning.

* * *

Cured Laryngeal Tuberculosis.—A. Rosenberg (*British Medical Journal*) brought the following case before the Berlin Medical Society: The patient, a man aged 29, had experienced pain in swallowing for some months in 1887. On laryngoscopic examination both vocal cords, both ventricular bands and the posterior wall of the larynx were seen to be ulcerated, and in the secretion taken from these parts tubercle bacilli were found. The patient was treated with injections of menthol in oil, and later on in the same year appeared to be cured.

TWO CASES OF PELVIC CELLULITIS.

Read Before the Clinico-Pathological Society of Washington, D. C., December 18, 1894.

By A. A. Snyder, M. D.,
Washington, D. C.

In presenting to you the interesting history of two cases of pelvic cellulitis it may be profitable for me to go into the early history of pelvic cellulitis, for all of us can recollect in our earliest medical lives with what dread we looked at a case of pelvic cellulitis.

The ancient history of this disease is of considerable interest, for it is an example of a subject once understood and then subsequently completely overlooked and forgotten. Archigenes recognized it in the second century, then Oribasius in the fourth, and others in the sixth and seventh centuries. In modern times it was described by Wiseman of England in 1679, Puzos of France in 1743, Burdon, 1841, and so on to date. So you can see that there is nothing new under the sun.

This disease has been given a number of names, such as peri-uterine cellulitis, parametritis, peri-uterine phlegmon, pelvic abscess and inflammation of the broad ligaments. Now the term, pelvic cellulitis, given by Sir James Y. Simpson, is the usual one accepted and is understood to mean an inflammation of cellular tissue in the broad ligaments and about the supra-vaginal portion of the cervix uteri.

The etiology of the disease is septic infection after parturition (or abortion, or injury following coition, use of pessaries or violence ; after a labor complicated by a lacerated perineum ; or infected by soiled hands or dirty surroundings ; injuries producing septic material which is taken by lymphatics to the cellular tissue. Also from inflammation of uterus or ovaries. Intercellular hemorrhages.)

Symptoms are chill, pain, rise of temperature, the usual signs of inflammation ; then sense of weight and pulsation in pelvis. Flexion of leg. On digital examination a swelling is made out ; difficulty to make out fluctuation because of inability to palpate. Physical signs differ according to the stage. There is heat and tenderness. The tumor varies in size, from a small affair to one extending up out of the true pelvis into the abdomen as high as the umbilicus. When the tumor involves one side the uterus is pushed in the opposite direction ; when both broad ligaments are involved the uterus is upward and forward.

Resolution may occur without suppuration and the tumor gradually subside. Septicemia is liable to occur if suppuration takes place and the pus is not discharged. Should the abscess rupture the pus escapes by the vagina, rectum, bladder, abdominal walls, saphenous opening, into the peritoneal cavity, or obturator or sacro-ischiatic foramen, or upward posteriorly to the peritoneum, to the diaphragm and into a bronchial tube.

The mode by which an abscess opens into some neighboring cavity, as the rectum or vagina or bladder, is of especial note in reference to the drainage and cure. Should this opening occur at the bottom of the abscess, opening directly into the cavity, one can see that a good result will follow rapidly ; but should this opening exist above the most dependent portion, and especially if it have an inclination upward, it cannot drain itself, but on the contrary will receive some of the contents of the viscus into which it opens and will remain an abscess for an unknown length of time, or until the case terminates.

Fatal cases died from (*a*) Acute septicemia when suppuration occurs. (*b*) From chronic septicemia from badly drained abscesses, and (*c*) from septic peritonitis because of rupture into the

peritoneum or spread of the disease by means of the lymphatics.

Differentiation :

Hematoma — Symptoms of hemorrhages. A rapidly formed soft tumor which becomes hard.

Pelvic peritonitis—No tumor at first, but whole pelvic roof hard, a tumor posterior to uterus, not laterally. Recurrence at menstrual periods.

It is of particular interest to know that this disease does not positively prevent future conceptions, and that the pelvic exudate and intra-peritoneal adhesions are absorbed. Also that peritonitis may occur without the Fallopian tubes being implicated, as shown by Dr. Noble.

Treatment.—Rest and quiet. Quinine to arrest inflammatory process. Local applications of warmth and moisture. The stage of infiltration has been treated and case cured by aspiration by Dr. Hardin of Georgia. After suppuration has begun the food must be nourishing and sustaining with stimulants. The abscess must be opened and drained and hot antiseptic douches used certainly twice a day. These hot douches not only cleanse the parts, but by their stimulating properties increase the rapidity of resolution.

Case I.—During January 9, 1892, a woman was admitted into the Garfield Hospital, who had a short while before been delivered. The labor was a difficult one, being retarded by a fluid collection which had to be evacuated before the labor could be completed. On admittance to the hospital she was markedly septic, high temperature, sweats, flushed and anxious face, suffering great pain in the back, pelvis and referred to legs ; tumor in the pelvis extending up into the abdomen ; tympanites ; digital examination in the Douglas pouch and on each side of the roof of the pelvis gave the sensation of fluid contents.

On making a rectal examination there was a rupture and a large amount of foul pus was discharged. A large incision was made into the pus sac through the posterior vaginal wall, a full-sized rubber drainage tube put in place and the cavity repeatedly flushed with warm bichloride solution. An enormous amount of foul pus and shreds were washed out. This douching was repeated daily. The improvement of the patient's condition was prompt and the size of the tumor being reduced rapidly. There was considerable difficulty in keeping the drainage tube in place, and when it fell out the opening closed so rapidly that it was with difficulty that it could be replaced.

Case II.—Sunday, April 8, 1894, at 7 P. M., Mrs. C., a strong, healthy young negro woman, who was delivered March 29 (eleven days before) of her first child, after a long and tedious labor of about thirty hours, said to have been "a dry labor" and "that the waters were never ruptured." She was suffering chiefly from hemorrhoids, also pains low down in the abdomen, but she did not seem to be in much trouble. There was some difficulty in urinating. She had suffered from vomiting and nausea. Pulse 72 ; temperature did not seem elevated. Gave ol. ricini and hot hip bath.

April 9. Pulse 80, temperature 90°. Respiration normal. On digital examination the vagina was found to be almost closed by a semi-solid swelling limited to the right side ; the swelling was very painful. The cervix uteri could not be made out because the uterus had been pushed up so high. Deep pressure in the right inguinal region caused pain. No lacerations were discovered. There were painful external hemorrhoids which were with difficulty reduced. I gave her hot hydronaphthol douche ; ordered a diet of broth, milk and stale bread, and put a pad over the vulva. In the evening her condition remained the same. Douched.

April 10. Pulse 82, temperature 90°. Douched. Douches continued twice daily.

April 11. Pulse 84, temperature 94°. Saturated solution of magnesium sulphate ʒi every two hours.

April 12. Pulse 80, temperature 93°. No pain from the hemorrhoids. Cathartic has acted. Abdominal pains.

April 13. Pulse 90, temperature 100°. Aspirated about ʒi of dark fluid.

April 14. Pulse 80, temperature 100°.

Considerable ooze of dark fluid. Feels easier. Tumor unchanged.

April 15. Pulse —, temperature 100°. Complains of more pain; also pain in right leg.

April 16. Pulse 90, temperature 101°. Tumor larger and more painful. Tapped and about ʒii of thick dark blood slowly dropped out. Tumor lessened. Felt easier. Dr. Snowden assisting.

April 17. Pulse—, temperature 102°. Pain in leg. Lateral decubitus and flexed. Catheterized in evening.

April 18. Temperature 102⅕°. Neuralgic pain about the head. ʒ ol. ricini, followed with tablets of hyd. chlor. mit. gr. ½ every 4 hours. Pulverized phenacetine and salol, gr. v every three hours.

April 19. Pulse 80, temperature 101⅔°. Clear blood has been escaping from vulva, stopped after douche; catheterized. Feels better and free from neuralgia.

April 20. Pulse 90, temperature 103°. Passed clots from vulva. Urinated. Feels easier.

April 21. Pulse 104, temperature 102⅘°. Slight, bloody discharge, little pain; tumor smaller. Has been cold. P. M.: Tablet hg. produced two movements. Cramps in abdomen. Little appetite.

April 22. Pulse 106, temperature 101⅕°. Douche brought away foul blood; felt better afterward.

April 23. Pulse 104, temperature 101⅘°. Tumor becoming less. Improving.

April 24. Pulse 96, temperature 101⅖°. Bowels operated; some bleeding. Pain about urethra on pressure.

April 25. Pulse 96, temperature 99⅘°. Had a good night. No bleeding during day.

April 26. Pulse 100, temperature 99⅖°. Bowels operating. No bleeding.

April 27. Pulse 96, temperature 99⅕°. Has some pain just before an operation of bowels. Sleeps well.

April 28. Pulse 100, temperature 100⅖°. Douche brought away decomposing clots.

April 29. Pulse 82, temperature 99⅕°. Douche of hg. bichlor. Ooze of dark, foul-smelling stuff.

April 30. Pulse 80, temperature 98⅘°. Tumor lessening. Ooze continues.

She continued to improve until May 7, when the tumor was sufficiently reduced to admit finger into the vagina.

May 11. Temperature 99⅗°. Passed large dark clot and much discharge followed. Feeling easier after.

May 14. Hyd. bichlor. stopped because her mouth became sore, and substituted hot boiled water. Discharge whitish.

May 19. Still a little discharge and thickening of right broad ligament.

The first case is of interest because of her marked septic condition; because of the size of the tumor and the tympanites; because of the easy rupture by the finger in the rectum and the immediate closure of this opening; and because of the large amount of pus evacuated.

The second case is of interest because of the localized tumor; because of the height the uterus was elevated; because of the repeated hemorrhage, for the discharge was dark and bloody almost until the discharge ceased; because of the rapid and complete absorption of exudate, and because of its so closely resembling pelvic hematoma.

December 8, 1894. Mrs. C. was examined this morning. All the exudate has completely vanished. Some little tenderness over right ovary. She says she is in perfect health, only afraid that she may be one month pregnant.

What Doctors Die From.—An abnormally high death rate from tuberculosis, says the *Medical Record*, is reported to exist among medical men in Russia—fifteen per cent. of the whole number of deaths being assignable to that cause. Zelande has lately presented some most valuable statistics calculated for three years, upon a consideration of the whole profession, some fifteen thousand odd. Nearly thirty-three per cent. of deaths were due to virulent diseases—pyemia, typhus, cholera, diphtheria, etc. The prevalence of suicide—over eight per cent.—too, is strange.

AN INTERESTING CASE OF RAPID SPEECH DEVELOPMENT IN AN ADULT, FOLLOWING OPERATION FOR TONGUE-TIE.

Read before the Philadelphia County Medical Society, February 13, 1895.

By G. Hudson Makuen, M. D.,
Philadelphia, Pa.

Gentlemen: The patient whom I shall show you this evening is nineteen years of age, a farmer by occupation, and up to within eleven months he has been utterly unable to use articulate speech in a manner which could be understood. He had been examined by local physicians and had been made to believe that his trouble was of central or cerebral origin, and that nothing could be done for him. The feeling that he was thus cut off from this chief means of communication with his fellows had completely disheartened him.

He had attended public school with other boys, and with the aid of his friends at home had managed to make some progress in arithmetic and to acquire a very slight theoretical knowledge of our language. He seemed to understand a little ordinary conversation and learned easy lessons in history and geography by having them read to him. He would attempt to talk and recite in school, but his teachers had to guess, for the most part, at the meaning of his jargon. For myself I do not recall a single word that was at all intelligible. The first time he came to my office he could not make the conductor on the train understand the name of the station at which he lived, and after frequent attempts he was obliged to write it out, which he could do very imperfectly, for his spelling was almost as bad as his speech.

With a history of this kind, and being deprived of that greatest of all means of mental development—speech—you will be prepared to believe that he had acquired a reputation, even among those who knew him best, for listlessness and stupidity. Indeed, his aunt, with whom he came, had given up all hope of making anything of him; but the boy, discouraged as he was, seemed determined to make one more effort, and he was thoroughly in earnest.

Upon examination of his vocal and speech organs I found only a slight post-nasal catarrh and some little hypertrophy of the faucial tonsils. Of course, I thought immediately of the probability of his being tongue-tied, but his aunt assured me that there was nothing of the sort. I found, however, that he could protrude the tip of the tongue scarcely beyond the outer margin of the lips. The tip seemed a full inch or more too short, and, strange to say, the frenum did not appear to be a very decided factor in holding it down or back, for in his attempts to protrude the tongue the frenum was not greatly stretched. The trouble seemed to be a muscular one, and this I believe to be the case. The anterior fibers of the geniohyoglossus muscle were too short, and prevented not only the protrusion of the tongue but any other free action of that member. He could elevate the back part of the tongue and make the hard G sound or the NG sound, but he could make no sound whatever which required the placing of the tip of the tongue to the roof of the mouth or the upper teeth. He made the K sound for T and hard G sound for D. As an example, he said "ik" for "it," and when I asked about his parents he said they were "gay" —meaning that they were dead. Furthermore, there seemed to be no method in his speech; it was a mere jumbling of inarticulate and unintelligible sounds, and the expression of his face was in perfect harmony with his speech—vacant, staring, meaningless.

The boy being somewhat delicate, and

his friends being decidedly opposed to operative measures, and the cause of the trouble being doubtful, I decided to study the case carefully before giving an opinion or recommending methods of treatment. I gave him some vocal exercises for a few days and watched the results, after which I clipped the frenum of the tongue well back.

I then put him in the hands of a teacher, who gave him under my direction several hours vocal drill each day for several months, during which time he made considerable improvement in sounds and words which did not require free action of the tip of the tongue. By this time I was convinced that the trouble was entirely a local one, and that the boy was of more than average intelligence and well worth developing. I then decided to divide the anterior fibers of the geniohyoglossus muscle, and thus try to give to the tongue the necessary freedom of action. His people would not give their consent to etherization, for they were skeptical as to favorable results from any measures whatever.

The boy, however, was desperate, and would submit to anything which would promise relief. We took the matter into our own hands, therefore, and with cocaine anesthesia I made an incision under the tongue of three-quarters of an inch in the antero-posterior direction and one and one-half inches from side to side. There was considerable bleeding, which was easily controlled, and, of course, there was also some pain.

He came to my office each morning for five days thereafter, and I broke up little adhesions which had formed and practiced slight lingual traction. On the morning of the sixth day he came in a great state of excitement, and with much pain which he referred to the region of his tongue and throat. The tongue was greatly swollen, filling the entire mouth and protruding between the lips. He had a temperature of 103°. The larynx became involved to the extent of threatening suffocation, and I thought it would surely be necessary to open the trachea, which I made all preparations to do, but after succeeding in giving him a brisk purge the inflammation gradually subsided and the breathing became less laborded. He was confined to bed for ten days, after which time he practiced frequent lingual traction and vocal exercises directed toward a free action of the tongue. His improvement from this time on has been most wonderful. Here we have a young man, nineteen years of age, who less than a year ago could not pronounce intelligibly more than three words of our language, could not buy a morning paper nor tell where he lived, and could not give his name to save his life. What he can do today, with your permission, Mr. President, I shall try to demonstrate to you. I shall ask him to recite in your hearing Brutus' speech against Cesar.

Nitroglycerine in Sciatica.—In the *New York Medical Journal*, Dr. P. M. Milkhalkine, of Nijni-Novgorod, remarks that he recently had occasion to become convinced of the powerful antineuralgic properties of nitroglycerine in three cases of persistent sciatica, that had been absolutely rebellious to the action of antipyrine, of acetanilide, of chloral hydrate, of the bromides, and of other analogous medicaments, as well as to the employment of revulsives. Nitroglycerine was administered in a one per cent. alcoholic solution, of which three drops a day were taken.

Coryza in Children.—Taylor recommends the following in the *Philadelphia Polyclinic* for coryza in children:

℞.—Atropiae sulph. . gr. $\frac{1}{600}$.
Morphiae sulph. . . gr. $\frac{1}{60}$.
Quiniae sulph. . . gr. $\frac{1}{10}$.
Strychniae sulph. . gr. $\frac{1}{240}$.
Acidi arseniosi. . . gr. $\frac{1}{240}$.—M.

Ft. pil. To be taken every hour until dryness of the throat is felt, and then followed by minute doses of apomorphin every two hours.

SOCIETY REPORTS.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD MARCH 1, 1895.

Dr. Julius Friedenwald read a paper on THE SIGNIFICANCE OF LACTIC ACID IN THE STOMACH.

Dr. W. B. Platt followed with a paper on HOW CAN THE MEDICAL LAW OF MARYLAND BE MADE EFFICIENT? (See page 407.)

Dr. J. E. Michael: I only partly agree with the reader. I was one of those most concerned in the passage of the law.

We could not interfere with those who had already practiced and I do not think anything is to be gained now by considering a man's right to practice previous to 1892. It is a good suggestion probably that the State Society should help to enforce the law. The public seems to be absolutely indifferent and the profession is too much so. The law we have is a good one and only needs to be enforced. Virginia and North Carolina have not as good laws but they get better effects because there the profession is organized and works as a unit. As to the efficiency of the examination, the Board has made a good standard and adhered to it better than the colleges have to theirs.

Dr. Randolph Winslow: I have reported to the Board the case of one man who is practicing here in defiance of the law. He failed at two of our medical colleges but finally obtained his degree from a third. He refused to take the Board examination but obtained a license to practice from the court. The counsel for the Board replied to my notice that the case would be prosecuted. The young man came to my office with a dange rous look in his eye and informed me that I must not repeat my charge against him. I wrote again to the Board's counsel and learned that the State's Attorney had promised to prosecute the next week. That was months ago and as yet there has been no action. The fault does not lie with the profession but with the State's Attorney, who for some unknown reason refuses to prosecute. I believe the law is a good one as it stands, but you will have to clean out the State's Attorney's office before you can get these cases prosecuted.

Dr. S. T. Earle: I agree with Dr. Winslow in this matter but think it would be a difficult task to clean out the State's Attorney's office. It seems to me the best thing to do would be to raise money for the prosecution of these cases. It is a gross injustice to make some men go before a board of examiners and let others go scot free. The profession can only do itself justice by taking this subject up and pushing it. I am ready to help raise this fund.

Dr. Winslow: I also have some money for that purpose.

Dr. Earle: I am not prepared to say that the Board's counsel has not done his duty.

Dr. Winslow: Can he prosecute? Is it not the State's Attorney's duty?

Dr. Michael: Any individual may go before the Grand Jury with his complaint and thus get prosecution through the State's Attorney.

Dr. William Osler: Enforcement of the penal clause is a most difficult thing in all these laws and the proper enforcement of the law against quacks a particularly hard one to accomplish. Even the extremely stringent law of Quebec is occasionally broken through. Only recently in that province an amendment has been added giving the medical profession the same privileges the legal profession has long had of summoning before a jury of their own profession a man who is accused of breaking their laws.

The medical profession as well as the lawyers should be permitted to regulate their own affairs. This law, however, is a step in the right direction and we should help the Examining Board and back them in every way.

Dr. E. J. Bernstein: Is there anything in the present law which effects such men as Copeland and Welsh or the Wilson Electric Sanitarium or that doctor on Greene Street, whose sole qualification seems to be that he was an apothecary to McCoy and Jordan?

Dr. J. D. Farrar: I know of one case where a doctor refused to take the examination, saying he had $5000 to fight the constitutionality of the law if necessary. He is practicing and I am told he was permitted to register at the Health Office.

Dr. Jas. McShane: I have no option in the matter but am compelled to register any one who brings a certificate from the court. I have always notified the examiners though, at once, so they could act as they saw fit. Anyone can go to the Grand Jury with a complaint and if he has sufficient evidence to convict, the State's Attorney will have no choice but to prosecute. You can always find a lawyer ready to fight the constitutionality of an act; it is a fad of theirs.

Dr. Earle: There is here no question of constitutionality, for similar laws have been tested in other States and upheld. I should say Dr. Bernstein's cases surely come under the law.

Dr. J. W. Chambers: I should think we of the profession have probably been most at fault. We have scarcely done our duty in bringing these cases before the proper authorities. When we do they must perform their duties. Would it not be better for us to act through the State Society rather than as individual associations ?

Dr. Michael: The main thing to do now is to regulate admission to the profession. We cannot regulate a man after he gets in. A few years ago any man could practice medicine here just as legally as we do. This law is a decided advance.

Dr. R. M. Hall: What method does Dr. Michael think best now to enforce the law ?

Dr. Michael: Let every man who knows of a case of illegal practice go to the Grand Jury and make complaint.

Dr. W. J. Carr: An insurance company for which I am examiner has refused to receive the certificates of "Dr. Kennard" of "Christ Institute." We wish him to sue us in order to determine whether he has the right to practice.

Dr. McShane: I formerly declined to receive death certificates from this man and sent them to the Coroner, but since the new law went into effect he registered as having practiced before 1892 and is now permitted to sign certificates.

Dr. Platt: I do not like the idea of individuals going before the Grand Jury to prosecute. In too many cases the public will be apt to mistake it for persecution. It would be better to appoint an agent to force the prosecution. It will not cost much and after one or two successful cases you will see signs coming down.

After the close of the discussion Dr. Earle offered the following resolution, which was adopted by unamimous vote:

Resolved, That a committee of three be appointed to ascertain the approximate cost of employing an agent for the prosecution of the violators of the law against illegal practitioners in this State and to report at the next meeting.

The President appointed Drs. S. T. Earle, W. B. Platt and J. E. Michael. Society then adjourned.

H. O. Reik, M. D.,
Secretary.

THE CLINICO-PATHOLOGICAL SOCIETY OF WASHINGTON, D. C.

MEETING HELD DECEMBER 18, 1894.

The meeting was held at the office of Dr. T. Ritchie Stone, the paper of the evening was read by Dr. A. A. Snyder; subject, History of Two Cases of Pelvic Cellulitis. (See page 410.)

Dr. Scott opened the discussion by saying he was glad to hear that some surgeons recognized such a condition as pelvic cellulitis. There is a class of obstetricians and gynecologists who claim that there is no such disease. He thinks that the general profession recognizes such a condition.

You have the pelvic basin filled with the bladder, uterus, ovaries and Fallopian tubes; then of course to pad and cushion this basin you need cellular tissue; and add to this an exceedingly rich supply of blood vessels and lymphatics; in fact it is simply enormous. Now if you have a syphilitic chancre or gonorrheal inflammation affecting the lower

vagina or vulva, that poison travels along the lymphatics to the inguinal glands; no one disputes that. Why is it not just as plausible that inflammation will spread to the chain of glands belonging to other lymphatics? There is no question about it.

But the principal cause of this pelvic inflammation is very frequently from cellulitis originating in a lesion and spread by the lymphatics. We all have seen buboes which have been badly treated continue to be affected for two or more years. That is more or less a self-limiting disease, and the rational treatment is to dissect out the glands. The question is: "Are we to operate on every case of pelvic cellulitis if there are no symptoms of suppuration?" It would be a good thing if we could do this without risk or damage.

I think the number of abdominal operations done today is almost criminal, and I have no patience with such treatment. Every case ought to be kept under observation for a long time, and because you find a mass in the abdomen, you are not warranted in opening a woman and remove her ovaries and tubes. He does not wish to appear too conservative. We would not remove a man's testicles because of orchitis or epididymitis.

As to treatment, the indications are to reduce blood tension in the pelvis, stimulate the vascular supply so as to reduce the exudate, and rest. Magnesia sulphate in very free doses during the height of the inflammation, starvation diet for a few days, reduces the blood tension, and a certain amount of local treatment will be necessary.

He advocates keeping the parts clean by a good antiseptic douche, paint the wall of the vagina with iodine or ichthyol, and at the same time paint over the abdomen with iodine, covering a large area and repeating it every day until the skin comes off. The use of glycerine tampons will cause a flow of serum.

After the temperature is normal keep the patient in bed for a long time. This line of treatment is the best of which he knew.

Dr. Kelly: I am afraid Dr. Scott will class me with those men who do not recognize such a condition as pelvic cellulitis. Dr. Scott says that a poison may go by way of the lymphatics or veins. None of the lymphatics in a bubo are inflamed, only the gland. He does not see why a poison should select a lymphatic vessel by which to gain entrance to the abdomen when it can get in by the way of the mucous membrane.

He never saw a case of pelvic cellulitis and is not satisfied that Dr. Snyder had two cases. The first may have been a tubal abscess, or ovarian abscess ruptured into the rectum, or many other things. In the second case, there was no pus, and he thought it was a hematoma of the broad ligament, caused by the pressure during labor. A free opening letting out the blood and serum would have relieved. He does not wish to be understood as saying that there is no such condition as pelvic cellulitis. A case of true pelvic cellulitis not due to infection from a septic uterus is very rare.

Dr. Beatty believes that Dr. Scott's position is tenable, and is surprised that Dr. Kelly has not met with a case of pelvic cellulitis. He has been unfortunate enough to have seen a few cases. He does not see the rationale of removing a woman's ovaries because she has pelvic cellulitis.

Dr. Cole thought we could have such a condition as pelvic cellulitis, but we are prone to try and separate the organs that are so closely related. In a cavity containing so many organs we are likely to have inflammation extending to all of them, and we ought to be able to use treatment that will cure without having to take out any of the organs.

Dr. Scott's treatment is a little too severe; warm fomentation, infusion of ulmus, subacetate of lead and opium; elevating the foot of the bed, antipyretics, rest, are the remedies indicated. He does not believe in the starvation diet, but in the supportive.

Dr. Beatty cited a case of pelvic suppurative cellulitis in which a prominent gynecologist removed the ovaries against his advice. If the pus had been evacuated through the vagina, the result might have been better. The taking

out of the ovaries because a pus tube is feared is not good treatment.

Dr. Scott cannot, does not, see how his treatment is severe ; the mucous membrane of the vagina will stand iodine, and a few days' starvation will not hurt a woman.

Dr. Tompkins does not see how Dr. Scott's treatment could be considered severe. It is quite well recognized, and he approves of it.

Dr. Sprigg said that we know that operators in the last ten years do not recognize pelvic cellulitis. He has seen cases that could be diagnosed as this and nothing else. In regard to infection by the lymphatics, as they exist throughout the mucous membrane of the body, disease could extend up the mucous membrane of the vagina, which is rich in lymphatics. There are from 600 to 800 lymphatic glands in the whole body. The lymphatic vessels flow towards the center and will convey septic matter in this way. He thought Dr. Snyder's second case was hematoma. He cited a case of pelvic cellulitis in which he had used the conservative plan of treatment as outlined by Dr. Scott, and a good recovery followed. An examination in nine months after recovery showed no evidence of any trouble, and the lady has been pregnant and delivered since without trouble.

Dr. Cole stated that the iodine used in the vagina until the walls are black is what he considers the severe feature about Dr. Scott's treatment. Dr. Kelly said that he could not see how anybody, in the light of recent facts, revealed by abdominal sections, could still hold that pelvic cellulitis occurs as a primary condition. We find invariably that the tubes and ovaries are the locations of disease, and that pelvic cellulitis when it exists is secondary to such conditions.

Price of Philadelphia, who has done 1600 cases of abdominal section, Hanks of New York, and others of equal prominence, say that there is no such thing as pelvic cellulitis. In the treatment of pelvis cellulitis, he preferred to call them pelvic abscesses. The indication is to liberate the pus, so that Dr. Snyder's treatment of his cases was highly proper. We do not take out ovaries, but the remains or debris of former healthy organs.

Dr. Snyder said he must confess that he admires Dr. Kelly's discussion. His first case he thought was pelvic cellulitis because all the organs seemed to be perfectly healthy ; a collection of pus in Douglas' cul-de-sac is all that seemed to call for treatment. No secondary evidence of pus tube or ovarian trouble was discovered. The second case was diagnosed hematoma for several days, and when the operation was done he was still under that impression. This woman made a good recovery ; the uterus and its appendages seemed to be in normal condition. Adjournment.

R. G. HOLDEN, M. D., Secretary.

MEDICAL PROGRESS.

REMOVAL OF THE GASSERIAN GANGLION FOR NEURALGIA. — CAPONOTTO (*Lancet*) reports a third case of this operation. The patient was a baker, aged 20, who from childhood had suffered from dental neuralgia due to caries, for which he had the worst teeth extracted. About two years ago he noticed a tingling in the left cheek, lasting about a week, then burning pain starting from the left infraorbital foramen. The pain was at first limited to the inferior palpebral margin, radiating to the external canthus and down to the angle of the jaw. The attacks lasted from one to two minutes, and were repeated every three or four minutes. They were less frequent, but more severe, during the night. He gave up work for three months. The pain then began to invade the forehead and parietal region, radiating to the upper neck and the external branches of the supraorbital nerve. He tried potassium bromide, 3 to 4 grammes, daily, then quinine and potassium bromide for three months without benefit. He was admitted to the hospital on February 18, 1891. He was fairly well developed ; the special senses were unaffected; there was slight hypertrophy of the left side of the face, with ptosis and edema of the left upper eyelid. The conjunctival vessels were injected ;

there was a pustule on the external corneal margin. The left angle of the mouth was slightly drawn upwards, and the tongue deviated to the left. There was no difference in tactile sensibility on the two sides ; sensibility to pain was somewhat diminished on the left side. He complained of a burning sensation and pain in the left external canthus every two minutes, lasting ten to twenty seconds. During the attacks there was spasmodic contraction of the muscles of the left side of the face, with abundant salivation, lachrymation, and nasal flux. The conjunctival reflex was sluggish on the left side. All the organs of the body were healthy. Antipyrin, antifebrin, phenacetin, bromide of gold, methylene blue, and electricity were tried, but gave no relief. An operation by Rose and Krönlein's method was performed on May 18, 1891. Immediately after the operation high temperature set in, with vomiting of blood and blood-stained fluid through the nose and mouth, and depression so great as to prevent any examination of the condition as to sensation, etc. Death took place four days after operation from acute septicemia. The *post-mortem* examination showed septic inflammation of the soft parts about the wound, and meningitis, laceration of the Eustachian tube, complete destruction of the Gasserion ganglion. A cholesteatoma the size of a nut was found just where the root of the trigeminus enters the pons ; this evidently was the cause of the neuralgia. As to the *technique* of the operation, Caponotto opened up the foramen ovale with a chisel and mallet instead of a trephine, and used a sharp spoon instead of hooks in the removal of the ganglion. The foramen ovale was made the center in opening the skull. At the time of operation Caponotto was ignorant of Rose's caution with regard to the danger of lacerating the Eustachian tube, and the way to avoid it.

* * *

Pelvic Surgery.—Dr. George H. Kirwan, as a result of twelve years' personal experience in the modern surgery of the pelvic floor in women, gives the following conclusions:

1. Tears of the levator ani, pelvic fascia and transversus perinei are frequent post-partum lesions, often with the vaginal mucosa remaining intact.

2. Cases of large rectocele and serious internal lesions of the pelvic floor often occur in which the posterior commissure and even the fourchette remain uninjured.

3. The improper use of obstetric forceps (especially the long forceps on the pelvic floor) is a frequent cause of internal lesions of this character.

4. The most frequent seat of these lesions is either or both sulci, most frequently the left vaginal sulcus, due to first position of the head and to the more frequent use of the forceps in this position.

5. As a rule when the perineum is completely severed, there is no rectocele, and the position of the uterus is not affected by such a lesion.

6. When the levator ani muscle is torn, especially in either sulcus, obliteration of the anal cleft from sagging of the pelvic floor, retraction of the anus and posterior commissure toward the coccyx, and gaping introitus with everted vaginal outlet and large rectocele is the result.

7. Dr. Emmet's methods for surgical repair of these lesions are the only rational methods based upon a correct pathology, and uniformly successful when properly performed.

* * *

The Treatment of Some Skin Diseases and Syphilis.—The use of gold as a therapeutic agent had already been brought to notice by Bartholow, Gibbs and Shurley and more recently Ohmann-Dumesnil in the *New York Medical Journal* reports a series of cases in which the bromide of gold was used with arsenic and mercury in the form of mercauro and arsenauro with such great success that in skin disease and especially in syphilis a more extended use of these preparations is advised. The bromide of gold is not only a strong tonic but it exercises a decided aphrodisiac effect, increasing the action of arsenic and mercury with which it is combined and prevening toxic symptoms.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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SEE PUBLISHERS' DEPARTMENT, PAGE 425.

BALTIMORE, MARCH 23, 1895.

Defects in the Medical Law.

A TIMELY article is always acceptable and when Dr. Platt in this issue calls attention to some defects in the execution of the medical law he does it with no spirit of criticism, but to arouse the profession, if that be possible, and to suggest some very feasible and practical remedies.

The State of Maryland has made many attempts to get some legislation on this subject and after many failures the present law, which has many good points, was passed. Now comes the question of its enforcement and this Dr. Platt discusses with few words and to the point.

It is clearly not the duty of the Examining Board to prosecute; their only duty is to conduct the examination and this they have always done very creditably. There must be some one to prosecute those who sin against this law. What is everyone's business is no one's business and this is probably why this law is so ineffective. Another reason is general professional apathy, which keeps the professional man from doing anything except practice medicine and fail in duty towards his fellow men. Some maintain that cases brought to the attention of the State's Attorney are never prosecuted; others say that even an indictment found by the grand jury brings no results. Then individuals may take up cases as they are noticed and pass them over to be prosecuted. But what physician will give the time to spy out a man and probably play the detective in order to find a victim? The majority of physicians are so selfish that if they personally do not very plainly see that they suffer at the time a law is infringed they will not take any action.

The suggestion made by Dr. Platt that an agent be employed to find cases may not show that such cases when found will be prosecuted, but it will be a great help in that direction. To prove that a man has practiced medicine is very easy. His sign should be evidence, but if not, the writing of a prescription is still stronger. Such proof is very easily secured and if a capable agent could be obtained he might have hard work at first, but after a few persons had been imprisoned or fined the ferreting out of the rest would be a comparatively simple matter. This is a subject for the State Society to discuss and at their next meeting it will probably be brought up and if there is not too much old-time obstructing conservatism present, the profession may be assured that good results will follow.

* * *

What is Diphtheria?

WE used to think we knew a case of diphtheria when we saw it clinically. A membrane in the throat, adherent, spreading; marked depression of the vital powers; slight fever after the first day; diagnosis diphtheria. Now this is to be all changed if we are to follow bacteriological teachings. Diphtheria includes not only membranous diseases of the throat, but non-membranous as well; not only spreading inflammatory appearances, but local inflammations of the tonsils; not only grave inflammation of the throat, but certain trivial and short-lived inflammations as well. The diagnosis cannot be made by the clinician, but must be submitted to the bacteriologist. Whether the disease shall manifest the malignant spirit of the tiger or the innocence of the lamb depends in sporadic cases upon the resisting powers of the patient.

In view of these facts the clinician is forced to cry "Mr. Pathologist, where am I at?" or becomes haunted by wicked doubts as to whether the bacillus diphtheriae, which depends for its malignancy so much upon its association with other germs of common sepsis, etc., really amounts to so much from a clinical standpoint after all; and whether the recent statistics as to the utility of antitoxine are in any way worthy of dependence. The cautious practitioner will probably keep on with the old diagnostic methods and rely chiefly on long-established local and systemic remedies; appealing to the pathologist in puzzling cases for additional light, and injecting antitoxine in well-to-do families with desperate cases as an experimental forlorn hope. This is certainly justifiable until time has elapsed sufficient to permit a thorough discussion of the virtues and drawbacks of antitoxine.

* * *

About State Boards.

The State Board of Medical Examiners is a necessary evil. It has been made necessary by the lack of moral tone in college faculties. There is an element of injustice in compelling a man to put himself a second time in peril of his future medical life after he has once won from a body of teachers, authorized by the State to test his fitness to practice, a favorable verdict. Is it fair that the recent graduate, who has perhaps carried off a class prize, should be held up to scorn on failing to pass the State Board, while the worthy professors, who year after year diploma such students, enjoy the undiminished respect of the profession and the public? There is something wrong about it all. And is it fair for State Boards composed of physicians who have no experience in teaching, to put before applicants as tests questions which no ordinary practitioner could answer without reference to a cyclopedia, and could possibly find no answer to in his whole library? To our mind our own State Board has in the past fallen into this unfairness, doubtless unintentionally. We appeal to its upright members to avoid in future all unnecessarily abstruse questions and catch-words, and to test the applicants by questions in each branch such as could be easily answered by really first-class practitioners of ten years' standing with perhaps somewhat less of detail than would be expected of the student just from college. Certainly the fitness of applicants could be sufficiently tested by such questions, and the State Board would become more firmly established in the respect of the profession than it ever yet has been.

* * *

The Epidemic.

Talking about the prevailing epidemic of influenza, which may be supposed to come uppermost in every practitioner's mind, is this not too bad for anything? The lament of the now famous mariner, who had come into contact with a carnivorous oceanic mammal, that "a bite in one place seemed enough, but I've been bit in two," may be paralleled by the grief of the practitioner of the present time when he mourns that one year of pandemic influenza seemed enough, but six years of it are really too discouraging for anything. Will the present generation ever see the end of this many-headed demon gifted with most marvelous ingenuity in the development of new forms of torture for poor humanity? Abroad it is said that titled personages and men of eminence are especially the objects of its assaults. At Rome it seems to be no respecter of persons. Death by the lungs, sudden, unavoidable, seems to be its favorite stroke, while the ear is overwhelmed in milder cases with inexplicable involvement of both sides, speedy drum perforation, perhaps long suppuration, unless timely incisions be made in the region of the tympanum. The constipation noticed last year is now not prominent, and opiates seem to act with more soothing and more permanent effect this year. Its germ eludes detection, its predisposing causes are but little understood; even the ever inventive manufacturer of new drugs seems to have succumbed to its fatal onset.

Yet influenza is a disease like many others which needs the intelligent care of the physician. Many diseases which have no specific and which are too little understood by the profession would go on to a fatal end if medical skill did not come to the rescue. Too often is the physician considered superfluous and the impression is that many a disease would end in recovery as well without as with professional aid. Exceptionally this may be true, but in no ailment, however trifling, and especially in such an obscure disease as influenza, should such help be ignored.

MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending March 16, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		43
Phthisis Pulmonalis		24
Measles	23	
Whooping Cough	5	2
Pseudo-membranous Croup and Diphtheria.	10	5
Mumps	3	
Scarlet fever	16	1
Varioloid		
Varicella		
Typhoid fever		1

REPORT OF THE COMMITTEE ON PERMANENT LOCATION.

The Committee on Permanent Location of the Medical and Chirurgical Faculty of Maryland submits the following report: "After most careful consideration, your Committee concludes that it would promote the best interests of the Faculty to secure a permanent home in a section of the city most accessible to the majority of its members. After a careful examination of a number of locations and houses, your Committee is of the opinion that house No. 839 North Eutaw Street is the most desirable and available property to be had for the use of the Faculty. This property is a three story dwelling house, fronting 25 feet on North Eutaw Street, with a lot extending back some 150 feet to Linden Avenue, on which is located a building which at present brings in a rental of $120 per annum. The house is in good condition, and at a small expense can be altered to meet all the needs of the Faculty as a place of residence and as a Library. It is conveniently located with reference to car lines, and is in a neighborhood possessing many advantages for a Library building. This property can be purchased *in fee* for the sum of *ten thousand dollars*, on which can be placed a mortgage of $7500 at 4½ per cent. interest. To acquire the property an outlay of $3500 is required, $2500 as a cash payment on the property, and $1000 to cover expenses of remodeling, shelving, and moving the Library from its present quarters into the new home. Your Committee suggests that $3500 can be raised upon the notes of the Faculty upon the loan of $100 each by thirty-five members, the loan to run for a period of five to ten years at an interest charge of 5 per cent. Your Committee is assured that a sufficient number of names can be secured to raise the amount. The expenses of the Faculty in its new home will not exceed its present annual expense, and the revenues of the Faculty, it is believed, will materially increase after the Faculty secures a desirable home. To cover any possible contingency by way of increase of expense over receipts, and to provide a sinking fund for the payment of the debt made by the Faculty in the purchase of the property, your Committee recommends that the annual dues of the City members be increased from $5.00 to $6.00. To provide for the proper management of the property acquired, your Committee recommends that a Board of ten Trustees be appointed by the Faculty in whom the management and dispoal of the property shall be vested, the first Board to draw lots as to terms of office, the shortest term being one year and the longest being ten years, the Board to be so arranged that one member shall retire annually and one be elected annually by the Faculty, said Board to have authority to fill vacancies from death or resignation whenever such vacancies occur. It is the opinion of your Committee that the plan now proposed can be carried into successful operation; that it will give the Faculty a most desirable and permanent home, conveniently located; that it will reduce the annual expense now incurred in the conduct of the Faculty in rented quarters; that it will promote the growth and development of the Library and of the Nurses' Directory; that it will stimulate pride and interest in the Faculty, by enlarging its work of usefulness; and lastly, that it will give the profession of this City and State a permanent home where all can enjoy the privileges and advantages of cordial professional co-operation. Your Committee invites the members of the Faculty to visit and inspect this house so that each one can be prepared to vote intelligently on the recommendations proposed by the undersigned Committee: L. McLane Tiffany, Chairman; G. Lane Taneyhill, Secretary; Geo. J. Preston, B. B. Browne, Wm. H. Welch, D. W. Cathell, H. P. C. Wilson, Wilmer Brinton, Hiram Woods, Jr., J. J. Chisolm, T. A. Ashby, William Osler, G. W. Miltenberger, A. Friedenwald, Henry W. Wilson.

WASHINGTON NOTES.

The regular meeting of the Medical Society of the District of Columbia was held on Wednesday night, March 13.

Dr. Henry D. Fry reported two cases: (1) Symphysiotomy, (2) Cesarean Section. They were discussed by Dr. A. F. A. King and others.

Dr. Larkin W. Glazebrook, Deputy Coroner of the District, presented specimens with notes on the cases as follows: (1) Stab-wound of the Heart; (2) Severe Wound of the Kidney from Fractured Rib; (3) Primary Ulcer of the Stomach; Rupture; (4) Gun-shot Wound of the Spinal Canal and Cord; (5) Endothelial Sarcoma of the Vermiform Appendix. All of these were very interesting cases.

Dr. I. S. Stone was expected to present cases and specimens of, (1) Cancer of the Kidney, (2) Uterus Removed for Sepsis, but he failed to come.

The Washington Obstetrical and Gynecological Society held its regular meeting on Friday night. Dr. S. S. Adams read the paper of the evening, entitled "Croupous Pneumonia, complicating Scarlet Fever." The paper was discussed by Drs. Acker, Cuthbert and Stone.

Dr. W. M. Sprigg reported a case of Nephritis, which produced a spirited discussion.

The semi-annual meeting of the Medical Association of the District of Columbia will take place on Tuesday, April 2. The names of twenty applicants for membership will be presented.

Very important changes have taken place at the Freedman's Hospital, which is under the control of the Interior Department. Different departments have been formed and a regular staff of physicians and surgeons appointed.

UNITED STATES NAVY.

Week ending March 16, 1895.

Assistant Surgeon L. L. Young detached from the Naval Hospital Norfolk, Va., and wait orders.

Assistant Surgeon Ammen Farenholt ordered to the United States Ship "Baltimore."

UNITED STATES MARINE SERVICE.

Fifteen days ending March 15, 1895.

John Godfrey, Surgeon, detailed as chairman board for physical examination of candidates Revenue Cutter Service, March 6, 1895.

Fairfax Irwin, Surgeon, to inspect Cape Charles Quarantine Station, March 9, 1895.

F. W. Mead, Surgeon, detailed as chairman board for physical examination of candidates Revenue Service, March 6, 1895.

A. H. Glennan, Passed Assistant Surgeon, to report at Bureau for temporary duty, March 12, 1895.

C. H. Gardner, Assistant Surgeon, to proceed to Angel Island Quarantine Station, for temporary duty March 4, 1895. Detailed as recorder for board of physical examination of candidates Revenue Cutter Service, March 6, 1895.

W. J. S. Stewart, Assistant Surgeon, detailed as recorder board for physical examination of candidates Revenue Cutter Service, March 6, 1895.

J. H. Oakley, Assistant Snrgeon, detailed for duty on Revenue Steamer "Rush" March 13, 1895.

H. S. Cumming, Assistant Surgeon, to proceed to Boston, Mass., for temporary duty March 6, 1895.

BOOK REVIEWS.

THE PRINCIPLES OF SURGERY AND SURGICAL PATHOLOGY. By Dr. Hermann Tillmanns, Professor in the University of Leipsic. Translated from the third German edition by John Rogers, M. D., New York, and Benjamin Tilton, M. D., New York. Edited by Lewis A. Stimson, M. D.; Professor of Surgery in the University of the City of New York, with 441 illustrations. New York: D. Appleton & Co. 1894.

The present volume is a translation of the third edition of Tillmann's well-known work, and is designed to afford a systematic treatise on the principles of Surgery and Surgical Pathology for the use of American students and practitioners. The only other work of a similar character, which is accessible to students in the American Medical Colleges, is Senn's Principles of Surgery, which, whilst excellent in many respects, is much less comprehensive in its scope. The first and second sections of the present volume are devoted to the consideration of the general principles governing surgical operations, and the methods of applying surgical dressings, whilst the third and last section treats of surgical pathology and therapy. The first chapter deals with the preparations for an operation, by which is meant the necessary details in the proper disinfection of the patient, the surgeon, the assistants, the instruments and the room. The second chapter is devoted to the "alleviation of pain during operations," and it is pleasant to note that full credit is given to

Jackson, Morton and Warren, who first introduced ether into public notice in Boston in 1846, as well as to Dr. Crawford W. Long of Athens, Ga., who preceded them in the use of this anesthetic, but as his name is called Lang, and his habitat Athens, many readers will fail to recognize who is meant. The author very tersely sums up the most important conditions for safe operating as follows: "A careful examination of the patient before operation; accurate anatomical knowledge; a certain diagnosis; and a natural manual dexterity." He is an advocate of dry aseptic operations and says we should irrigate wounds as little as possible, as "a fresh uninfected operation wound made by perfectly disinfected instruments and aseptic hands" does not require antiseptic irrigation. Much of the first section is devoted to the consideration of surgical operative technique, as the performance of amputations, resections, arrest of hemorrhages, plastic surgery, etc., which is usually found described in text-books on operative surgery. The author, in describing artificial limbs, prefers the peg leg to other more expensive and complicated apparatus, a preference which will hardly be reciprocated in this country. The methods of application of antiseptic dressings, bandages and splints are considered in section second, whilst the remaining 556 pages, which form section third, are devoted to surgical pathology and therapy. It is in this section that one expects to find the greatest departure from the text-books of a few years ago, and in this he will not be disappointed. The author gives a very complete description of the bacteriological aspect of surgical affections, with the addition of excellent wood cuts and colored plates for the proper illustration of this most important subject. In a word, the book is a trustworthy exponent of the most advanced surgical thought and practice. It is plain and simple in diction, not verbose or pedantic, and is a reliable guide for the student or practitioner.

REPRINTS, ETC., RECEIVED.

Tenth Annual Report of the Adirondack Cottage Sanitarium. 1894.

A New Wool-Test for the Detection of Color Blindness. By William Thomson, M. D., of Philadelphia. Reprint from the *Medical News*.

CURRENT EDITORIAL COMMENT.

A CROWDED PROFESSION.

Medical and Surgical Reporter.

We believe it may safely be concluded that while the absolute ratio of the numbers of the profession to the total population is nearly stationary, the output of the medical colleges is in excess of the constantly decreasing demand, and that harder times are in store for the profession unless some efficient remedy be found to check the evil.

THE MEDICAL SHARP.

Medical News.

In medicine, in modern commercial medicine, we mean, there is a rapidly growing condition of things that is like that in no other profession. There is an increasing number of medical men, so-called, who have struck the idea that, irrespective of the value of the service, the more they charge the more they may charge, and the more practice they will get thereby. Other members of the profession are disposed to keep still in the face of these sharpers; but it is high time that the profession arouses itself to the fact that this a professional matter, and that there is stealing through the community a deep-seated disgust.

WHY SO MANY DOCTORS?

American Practitioner and News.

In a recent very able address before the McGill University at Montreal, Dr. Wm. Osler gave as two reasons for the relative numerical increase in the medical profession, notwithstanding the great decrease in the number of certain diseases, that the development of specialties has given employment to many extra men who now do much of the work of the old family practitioner, and again that people employ doctors more frequently and so give occupation to many more than formerly. There is another reason that would seem to be still more potent operating in all the professions, and that is the multiplication of monopolies and trusts in the commercial and manufacturing world. Formerly any prudent, industrious and energetic man could start up an independent business, with bright prospects of gaining a comfortable livelihood if not a fortune. Of late years, however, a few men who have got a start establish a trust or monopoly and manage to crush out all weaker enterprises while with certainty piling up for themselves enormous fortunes.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXII.—No. 22. BALTIMORE, MARCH 16, 1895. Whole No. 729

ORIGINAL ARTICLES.

THREE CASES OF SPONTANEOUS HEMOPHILIA IN BROTHERS.

Read before the Philadelphia County Medical Society, January 9, 1895.

By Judson Daland, M. D.,
Lecturer on Physical Diagnosis and Instructor in Clinical Medicine in the University of Pennsylvania, etc.
AND
By W. Duffield Robinson, M. D.

The occurrence of three cases of hemophilia in one generation, with the tendency so marked that in two of the brothers there was a fatal termination, justifies the addition of this report to the literature on the subject.

Case I.—Boy, aged thirteen years, living in Pennsylvania, at an elevation of 1800 feet. He was born at full term, and there was nothing unusual or remarkable during pregnancy or delivery, nor was there unusual bleeding. For eight months he was healthy and vigorous, and the skin was exceedingly clear, transparent and pale. At that time he was taken with cholera infantum, and was ill three months. His recovery was coincident with the first frost that occurred that year, to which climatic condition his physician ascribed his recovery.

As his mother was unable to supply nourishment he was fed by the bottle. During the last two weeks of his illness there was noticed a profuse petechial eruption over the abdomen, the back, and the legs, and, to a less extent, over the arms. The eruption was described as rounded, non-elevated spots of the size of a pin-head, black in color, uninfluenced by pressure, evidently purpuric in character. There was no hemorrhage from any of the mucous membranes.

After this illness he remained well until about the age of five years, when he suffered from an attack of arthritis, affecting especially the elbows, knees and wrists, and this was accompanied by fever and acid sweats. The joints were swollen, red and painful. Relief was apparently obtained by the use of moist applications and the internal administration of salicylic acid and salicylate of sodium. From the fifth year up to the present, the thirteenth year, he has averaged one attack of arthritis every two months, and the peculiarity of these attacks, which usually follow exposure to cold or wet, was that the symptoms appeared forty-eight hours after the exposure. Recently the attacks have been less frequent and less severe. Soon after the fifth year the arthritis was so severe that considerable ankylosis ensued, necessitating the use of crutches until the ninth year, when relief was obtained from Swedish movements and massage. At the age of eight he had an attack of measles, whooping-cough and scarlatina, from which he recovered without any complications or sequelae. Since the age of five he had,

approximately, *fifty* attacks of hemorrhages from various mucous membranes, but there was no reccurrence of purpura. His father had observed that prior to the hemorrhages there would be grinding of the teeth or the face would become flushed, and in consequence he was frequently able to foretell an attack. Most of the hemorrhages were nasal, but on two occasions hematuria followed trauma of the renal region, and on one occasion hematemesis, from the same cause, applied to the abdomen. Later he accidentally bit his tongue, whch was followed by oozing, and then free hemorrhage, which continued for seven days. To control the nasal hemorrhage many remedies were employed, but relief was only obtained when ice was applied to the nape of the neck and to the bridge of the nose, *after* large quantities of blood had been lost, and when the physician in attendance thought death was imminent. For the injury to the tongue Monsell's solution was first used, which caused a cessation of the bleeding for a short time ; but soon the coagulum was loosened by the oozing of blood and saliva, so that the hemorrhage was more violent than at the first, owing to the destruction of the tissue produced by the remedy.

Effort to check the hemorrhage from the use of intense cold produced by an ether spray proved valueless, as the spray could not be continued for a sufficient length of time, owing to the danger of ether narcosis and the repeated attacks of vomiting excited by the anesthetic.

Compression by means of forceps was attempted, but owing to the site of the injury, which was on the side of the tongue, about two inches from the tip, it was extremely difficult to properly apply the forceps for any length of time without exciting gagging and vomiting.

Ice was applied for five minutes, until the wound was partially frozen ; then it was removed for a similar time, and subsequently reapplied. This was continued for twelve hours, after which the hemorrhage ceased. At that time he showed all the evidence of extreme anemia and caused his physician to think that death was imminent. Fluid extract of ergot was given in thirty drop doses every three hours.

After each of the hemorrhagic attacks there was nausea and vomiting. When the finger was cut it bled continuously for hours, and was only relieved when Monsell's powder was applied. His father distinctly recalls a number of occasions when this boy received a slight blow on some part of the body, so slight as not to produce even a bruise in a normal individual, which was followed by great pain, swelling, fever, and discoloration of the skin, showing that a considerable extravasation of blood had occurred. The greatest swelling was observed forty-eight hours after the reception of an injury, at which time the pain disappeared. The slow development of this swelling and discoloration of the skin would seem to prove that the more deeply-seated blood vessels were ruptured, from which oozing took place. The slight traumatism was able to produce this result owing to the extreme vulnerablility of the walls of the blood vessels.

The patient has been always intensely nervous and sensitive, and frequently, after suffering from an attack of so-called articular rheumatism, he complained bitterly of pain in the joints from the vibration produced by any one walking about the room, even though his parents were unable to detect any movement of the bed which he occupied.

A week ago, while visiting Philadelphia to receive massage for partially ankylosed joints, he was observed to be extremely nervous, with choreiform twitching of the muscles of the face. That night there was grinding of the teeth, and the left edge of the tongue was bitten about half an inch from the tip, produced during sleep by the grinding of the teeth or from a slight convulsion. The following day there was a slight oozing, which continued for seventy-two hours, and increased until he lost about one ounce of blood per hour.

Many local remedies were tried, among which may be mentioned the use of powdered alum, antipyrine, Monsell's

solution, and ice, but all proved valueless. Large doses of the compound syrup of the iodobromate of calcium were administered, and also ergot, oil of erigeron, and gallic acid; but these remedies were inefficient. On the sixth day of the hemorrhage I was given an opportunity of studying the case with his attending physician, Dr. W. Duffield Robinson. I found the patient to be well developed, his skin and mucous membranes were pale, the pulse frequent, feeble, and regular. The heart was slightly dislocated toward the right, the apex beat could be felt in the sixth interspace, but occupied a somewhat larger area than normal ; the first sound was weak and the second sound sharp and accentuated. No murmur at the apex was audible, although a systemic murmur had been detected by Dr. Robinson at a previous examination. Over the aortic cartilage a sharp second sound was heard, and the pulmonic second was also sharp. Despite the high grade of anemia present no hemic or other murmur was audible. The examination of the lungs and abdominal viscera was negative. The skin was carefully examined, but only one purpuric spot was detected, on the inner surface of the left knee-joint, occupying an area having a diameter of three-fourths of an inch. It was supposed that this was due to a slight injury, as no other subcutaneous effusion of blood occurred. The right leg was slightly shorter than the other, and the left knee-joint was considerably enlarged. The muscles of the legs were moderately atrophied. The physiognomy showed that the patient was intellectual, bright, precocious, and the skull was capacious.

As several acts of vomiting had occurred, and nausea and intense thirst were complained of, the administration of food and remedies by the mouth was suspended, and a nutritive enemata given, to which fluid extract of ergot was added. To secure relief from nervous and muscular excitement, and to insure quiet, large doses of paregoric were given per rectum, with 15 grains of trional to secure sleep. On the seventh day, from 6 A. M. till noon, the father, who had observed him continuously, reported that the amount of blood lost was trifling and that very little had been swallowed. During this time ice had been applied every alternate five minutes. His condition showed that a considerable quantity of blood had been lost during the previous twenty-four hours. It was observed that the pulse at the wrist numbered 70, while the heart beats were 130 per minute.

Physical examination showed that the arterial system was partially empty and the veins collapsed. It was evident that the peripheral circulation was imperfect, as not more than half of the systoles of the heart were able to produce a pulse at the wrist. This condition of the peripheral circulation, the increase in the amount of fibrin that occurs after large hemorrhage, together with the muscular and mental quiet produced by opium, were counted upon to favor the formation of a coagulum, thus checking the hemorrhage. A minimum quantity of water was allowed, despite severe thirst, so as to prevent refilling of the almost emptied vessels with the concurrent increase of blood pressure and danger of expelling a slow-forming clot. An examination of the blood showed that it was rather lighter in color than normal, liquid and notwithstanding the large quantities lost, there was but little tendency to the formation of clots. This want of coagulability was and always has been a marked characteristic of each of these hemorrhages.

Microscopic examination of the blood showed an enormous number of very small microcytes, many of which were mere points. There were a few macrocytes and a moderate increase in the number of leucocytes. There were no parasites nor distorted red blood-cells, and crenation and rouleauxing were normal. The blood for this examination, which was obtained at the end of a protracted bleeding spell extending over a week, showed a decidedly greater tendency to clot than on any former occasion.

The Thoma-Zeiss hemocytometer showed 3,775,000 or 75.5 per cent., and Fleishl's hemometer showed 62 per cent. of hemoglobin.

The next day an examination showed

well-marked evidence of quantitative and qualitative anemia, no hemic murmurs audible, although especially searched for; the blood from the prick of the finger showed a normal tendency to clot, and the hemorrhage, which had recurred, instantly ceased when Dr. Robinson made a local application of a 4 per cent. solution of cocaine. The stomach was more retentive, and there were evidences of beginning convalescence.

The condition of the blood gradually improved, and an examination made two weeks later gave the following results: The blood emerged from the puncture freely, much more so than from a healthy individual. It was of a good color and coagulated slowly. Microscopically the blood presented a normal appearance, with the exception that there were rather more large red corpuscles than are ordinarily seen. The microcytes had entirely disappeared. The color of the red cells was somewhat paler than normal. The Fleishl hemometer showed 70 per cent. of hemoglobin and the hematokrit showed 84 per cent. of red cells. There was no leucocytosis. At this time the finger was accidentally cut, and hemorrhage continued for thirty minutes despite the application of ice. When a 4 per cent. solution of cocaine was employed the bleeding was checked immediately, and did not recur.

Family history. The first child was born prematurely and died shortly after birth. The second child was a boy, who was perfectly well up to sixteen months old, at which time he began to bleed from the nose, and developed hydrocephalus at the age of three and a half years. The attacks of epistaxis from which he suffered were frequent, severe and uncontrollable. He would almost bleed to death, and then gradually recover. There were no other mucous membrane hemorrhages, and at no time was there purpura. This child finally died of hemorrhage from the nose. The third child was a boy, who was perfectly healthy until the age of two years, when he died within forty-eight hours from malignant scarlet fever. At no time was there any tendency to hemorrhages nor evidence of hemophilia. The fourth child was a boy, who died of hemorrhage from the mouth at the age of eighteen months. He was anemic, poorly developed, and an eruption was observed upon the skin. The first hemorrhage occurred when he began cutting teeth, and the quantity of blood lost was considerable. Later, when the molars were erupted, a fatal hemorrhage occurred, despite the use of every known means for its relief. The fifth child was a girl, who died at the age of three months without showing evidence of hemophilia.

The mother of these children is one of a family of ten, all of whom were healthy. She has never shown any tendency to hemorrhages, with the exception that after the extraction of a tooth she observed that the amount of hemorrhage was greater than normal. This fact was well recognized by the dentist, who would extract one tooth, but declined to remove a number at one time. The father has never shown any hemophilic tendency, denies syphilis, and has always enjoyed good health. The maternal grandfather is said to have been "scrofulous," and had enlarged cervical glands, which might have been tubercular or syphilitic. With this exception the other members of this family, which are numerous and may be traced to the third and fourth generations, have never known of a single case of the bleeders' disease. The father's family was also traced to the fourth generation, and the members of it were intelligent, healthy and vigorous, not a single case of hemophilia having occurred.

Remarks.—These cases are particularly interesting for the following reasons :

1. That each of these cases occurred in brothers.

2. That they all showed the first tendency to hemophilia at an early age, particularly while teething. The oldest patient's trouble began with epistaxis, following an attack of cholera infantum, which may have been a gastro-intestinal purpura. The first case is also interesting from its association with arthritis, from the statement that frequently the hemorrhage would occur in forty-eight

hours after an exposure which would excite a coincident attack of arthritis and fever.

3. The fact that slight trauma would produce extensive hemorrhage, proving that the blood vessel walls were remarkably fragile.

4. The extraordinary diminution of the coagulability of the blood.

5. The valuelessness of all the ordinary local remedies and agents for the relief of hemorrhage from the wound of the tongue, with the exception of the local influence of cocaine and ice and the internal administration of the fluid extract of ergot. We are disposed to attribute the greatest influence to the enormous loss of blood, by which not only was the fibrin increased, but also the peripheral circulation was slowed, so as to allow of the gradual formation of a thrombus. The use of cocaine as a local hemostatic was suggested by Dr. W. Duffield Robinson. The remarkably brilliant results obtained in the first case lead us to hope that similar good may be obtained in other cases.

6. The occurrence of marked flushing of the face as a precursor of an attack of hemorrhage.

7. The greater frequency and violence of these hemorrhages since removal from an altitude of 1800 feet to that of 2200 feet, and the consequent deduction that hemophilics should be removed to the sea level.

8. The opinion of the father that the intense nervous excitement produced by these violent pains in these attacks of arthritis may be an exciting cause of epistaxis.

9. The occurrence of repeated attacks of acute arthritis with intense pain, redness, and great swelling in association with fever and sweating, which are so frequently observed in hemophilics, and the fact that they were erroneously diagnosed as attacks of rheumatism. The want of coagulability of the blood at the time of these acute outbreaks, their occurrence forty-eight hours after exposure to cold or damp, the frequent coincident occurrence of hemorrhage, and the absence of endocarditis, are all points in favor of the supposition that these were *not* attacks of rheumatic arthritis, but were hemophilic in origin, perhaps due to the effusion of blood into the joints.

10. The second case is interesting from its association with hydrocephalus and the occurrence of death from epistaxis.

11. The third case illustrates the importance of teething in producing the first manifestations of hemophilia, and shows how readily death may occur from this cause.

Prostitutes and Pus Tubes.—It is widely maintained, says the *American Practitioner and News*, among gynecologists that tubal abscesses are in a large measure traceable to the existence of previous gonorrhea on the part of the husband. It is not uncommon for surgeons to contend that this condition is to be traced back to gonorrheas that have passed away years before marriage. They insist that the gonococcus has been hiding away all that time in some quiet receptacle, only to come out and in the light of the honeymoon invade the uterus and tubes of the unsuspecting bride.

If this contention be true, prostitutes who ply their trade more than two or three years ought not to possess healthy ovaries, for it is the rarest thing for them to escape having in that time two or more attacks of gonorrhea. Yet, as far as impressions from our reading and personal observations go, they are strong that the number of operations on account of salpingitis among prostitutes is disproportionately small ; and this notwithstanding the fact that the temptation is great for those who would gain exerience to operate on this class of patients. It would be interesting to know what proportion of cases of pus tubes are found respectively in chaste women and in prostitutes.

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Facial Paralyses. — Goldzieher, in the *New York Medical Journal*, considers that in all cases of complete facial paralysis, with paralysis of the velum palati, there is never any lachrymation on the paralyzed side, and the eye is perfectly dry.

LOCAL ELECTROLYSIS AND ZINC-AMALGAM CATAPHORESIS IN MALIGNANT AND NON-MALIGNANT TUMORS.

Read before the Philadelphia County Medical Society, January 9, 1895.

By G. Betton Massey, M. D.,
Physician to the Gynecological Department of the Howard Hospital and to the Sanatorium for Diseases of Women and Diseases of the Nervous System, etc.

Before reporting the three cases on which this new treatment of morbid growths is mainly based I must explain what I mean by local electrolysis and zinc-amalgam cataphoresis, and also advance reasons for my belief that these methods either separately or together present important advantages over cutting operations in certain cases of benign vascular growths and incipient cancers.

Local electrolysis means simply that the electrical decomposition of the tissue salts is confined to a localized area by the approximation of the poles. If both poles of a galvanic current be placed in the morbid tissue quite near each other the bulk of the current will be concentrated within the portion of tissue immediately between them, and but little will traverse the outside healthy parts. In practice they should not be further apart than from a half to one inch, though this depends entirely on the strength of current to be used and the size of the growth. So placed, an enormous current may be employed to dissolve a morbid tissue without affecting surrounding tissues, the parts having been chilled by a spray, or otherwise rendered anesthetic, if sensitive. The surgical possibilities of such currents are quite remarkable. All the salts and liquids of a given growth lying between the points become a prey to such a current, the watery contents being turned into oxygen and hydrogen gases, and the complex salts into solutions of acids and alkalies. This is, of course, attended with a material rise of temperature, but nothing like charring. If the tissue subjected to the process is soft and vascular, or juicy, there will be very little left between the poles after the gas has been given off but the acids and alkaloids dissolved in a turbid liquid remainder. If the tissue is tougher and more fibrous a gristly residue will be found which can be detached or left to be detached by nature.

The strength of current required to destroy tissue in this way depends altogether on its concentration at the active spot. A minute reproduction of the process occurs when we apply but two or three milliampères to the papilla of a hair sheath, or to a mole on the skin; but to completely dissolve tissues between two or more needles a half inch apart requires at least four hundred to seven hundred milliampères.

Whether this portion of my method has any advantages over a cutting operation in removing malignant or non-malignant external growths depends upon circumstances. It is clearly inapplicable to any growth within the body unless it is situated in a drainable natural cavity, as a considerable quantity of detritus must drain away. It also presents the disadvantage of not permitting healthy tissues to be united at once over the seat of the removed growth, a procedure, however, that is often of doubtful utility, as it frequently covers up portions of the disease that failed to be removed. The advantages of the method over the knife are, on the other hand, by no means inconsiderable. It is absolutely bloodless, no matter where applied, thus enormously conserving strength after operations notoriously bloody; the edges of the undestroyed tissue remain non-absorbent, lessening risk of sepsis; and finally there seems to be some property in the galvanic current to cause a retro-

gression of the whole of a benign growth even when but a portion is directly acted on, as in the Apostoli treatment of fibroids and the ordinary treatment of moles and other small skin tumors.

If the growth be a benign one the application described will probably cover the whole of the active treatment. If it be malignant, on the contrary, the second portion of the method—zinc-amalgam cataphoresis—is employed, a procedure of great value in radically removing all remaining traces of a still localized cancerous growth.

Zinc-amalgam cataphoresis is electrically mono-polar, the single active electrode, which is always positive, being applied to the cavity left by removal of the greater portion of the growth, while the indifferent or negative electrode, in the shape of large conducting pads connected together, is placed on any convenient portion of the body. The active electrode is a freely-amalgamated zinc surface of one or two square centimeters area, which is held successively against all portions of the bottom and edge of the excavation. From 150 to 300 milliampères are sufficient, the pain being controlled by cocaine in solution placed in the excavation beneath the electrode, to be conveyed into the tissues simultaneously with the nascent oxychloride of zinc and mercury which is dissolved from the electrode by electrolysis.

By this procedure we search out and destroy all remaining spurs and paths of infection in the contiguous unhealthy and healthy tissues, the current seeking vascular and cellular paths of less resistance by preference in its journey to the other pole; and to the lethal effect of the current we add the well known lethal effects of nascent mercury and zinc compounds. The surface of the amalgamated zinc electrode is consumed in the process—the mercury as well as the zinc—producing a mixed infiltration of the immediate polar region that is readily detected by the eye. Low organisms in the immediate neighborhood of the electrode quickly succumb, and the antiseptic value of the procedure is shown in the correction of any odors that may have accompanied the cancerous discharge. That the action is not confined to the immediate neighborhood of the electrode was well demonstrated in one case in which the zone-like base of a cancer was observed to lose its induration and shrink in places at least an inch distant from the contact point.

The applicability of the first portion of the method—local electrolysis—to a benign growth was shown in the following case:

Case I. *Large intra-uterine cystic fibroid destroyed piecemeal by repeated applications of bipolar local electrolysis, resulting in a satisfactory cure.*—Mrs. D., a nullipara, aged thirty-nine years, was referred to me by Drs. Hemminger and Bixler of Carlisle, Pa., in September, 1892. Six or seven years previously Dr. Hemminger had discovered an intra-uterine growth, the lower portion of which later was found to be projecting from the dilated os, giving rise to pain and hemorrhage. Efforts to remove the growth by the écraseur were made by Dr. Hemminger, but, owing to its extensive internal attachment and great vascularity, only the projecting parts were removed. When the case was admitted to the Sanatorium the tumor was nearly the size of the adult head, the upper limit being even with the navel. The mass was symmetrical in shape, soft and semi-fluctuating. Examination showed the os fully dilated, through which projected a portion of the tumor the size of the fetal head. Around this projecting mass several fingers could be swept, showing freedom from adhesion to the uterus for three inches anteriorly and about six inches posteriorly. The mass was evidently a vasculo-cystic fibroid situated within the cavity of the uterus and attached to the uterine walls throughout three-quarters of its periphery. It was spongy, but very tough, bled easily, and gave rise to a copious watery leucorrhea. The conditions presented by this growth, particularly its cystic degeneration, absolutely contraindicated the ordinary Apostoli treatment of fibroids on account of the danger of producing sepsis. I accordingly attempted its removal by morcellement,

using the scissors, dull scalpel, and fingers, but was compelled to desist, owing to the frightful hemorrhage. In this dilemma the possibilities of localized destructive electrolysis occurred to me and it was begun by the use of a bipolar instrument having four prongs, two to each pole. These prongs were buried in the projecting portion of the tumor, and 700 milliampères turned on for six minutes. This dissolved quite a hole in the morbid tissue, making a spot too hot for the finger. The procedure was repeated daily as fresh portions of the growth were pressed down by the contracting uterus, without hemorrhage or marked discomfort, the possibility of sepsis being guarded against by a continuous douche for an hour or more after each application. Three months were consumed in the eradication of the tumor in this way, though it doubtless could be done in a second case in a third of the time, the final examination showing nothing but a roughened spot on the anterior wall of the contracted uterus. External measurements now showed the upper limit of the uterus two and one-half inches below the navel. The cavity was capacious.

A letter from Dr. Bixler dated February 26, 1894, stated that the patient was quite restored to health, complaining only of prolapse of the vaginal walls, the latter doubtless due to the descent into the pelvis of a uterus that had so long been within the abdomen. The cavity was still large, and there was some thickening of the walls on both the right and left of the uterus. The os would only admit the first joint of the finger.

In November, 1894, two years after the patient's admission, her husband called and reported her as in good health.

Case II. *Sarcoma of tonsil and soft palate cured by local electrolysis, followed by zinc-amalgam cataphoresis.*—W. H. L., blacksmith, aged thirty-eight years, was also referred to me by Dr. Hemminger, February 17, 1893. Five years before he suffered from an abscess of the ear. Two years before being seen by me the left tonsil was found to be the seat of a tumor. He had recently been sent to the Hospital of the University of Pennsylvania, where he says malignancy was diagnosed and an operation proposed, which he declined.

A tumor about the size of a goose egg filled the pharynx, involving the tonsil and soft palate, and threatening suffocation. Liquids could be swallowed with much difficulty.

The patient was placed on monopolar negative punctures, 30 to 60 mlliampères, daily. But little progress being apparent at the end of a week, the parts were cocainized and subjected to bipolar local electrolysis with from 200 to 350 milliampères, on two occasions. The separation of the eschar that resulted was accompanied by considerable pain and reaction, but as the place healed it was found that but little of the tumor remained. He did not return for further treatment until more than a year had elapsed, during which he seemed to be well. At this time, however, a renewal of the growth occurred, and it was about the size of a peach-stone when he was readmitted to the Howard Hospital for further treatment. During this second treatment zinc-amalgam cataphoresis was mainly employed, the treatment lasting six weeks and being carried deeply into the base of the growth. A complete cure resulted, and at an examination of the parts six months later a healthy scar only was to be seen.

Case III. *Inoperable carcinoma of the groin greatly relieved by zinc-amalgam cataphoresis; death from erosion of femoral artery and gangrene.*—Colonel H., aged sixty-two years, was sent to me by Dr. A. W. Knox of Raleigh, N. C., in the summer of 1893. One year before he had noticed a lump in the left groin. On admission to the Sanatorium the tumor was the size of a large walnut, of a bluish color, and firmly attached by a broad base to the deeper parts of the thigh. It was situated just below Poupart's ligament and lay immediately over the femoral artery and vein, and was apparently attached to the latter, though the exact location of the artery was uncertain owing to the general induration.

At the patient's request it was decided to make a tentative use of electricity. The central and projecting portion was accordingly destroyed by local electrolysis, making a slight cavity into which a solution of cocaine was poured. Into this the blunt amalgamated zinc electrode was pressed and daily applications of the cataphoresis made, with currents averaging 150 milliampères. The immediate effect of the application was to whiten the edge of the growth in contact with the electrode, the whitened coating peeling off later. The indurated ring and base that now represented the growth was about three inches wide. Under constant applications the whole of this was gradually destroyed and replaced by healthy granulations, except the center of the base, where the close proximity of the large artery rendered the applications unwise. At the end of three months the diseased area had been contracted to the size of a five-cent piece, but this was a deep cavity extending down to the great vessels, where it was thought to be unsafe to apply the current. The patient had increased twenty pounds in weight, and though brought to the Sanatorium on a stretcher, was now able to walk a half mile or more. During the continuance of this improved condition, however, the artery suddenly gave way one day at the bottom of the untreated spot. Drs. Thomas S. K. and T. G. Morton were called in and tied both artery and vein, which were found thoroughly infiltrated with cancerous material for some distance upward into the abdomen. Gangrene of the limb supervened, followed by death two weeks later.

An estimate of the value of the method in these three cases must be comparative, as cases similar to each are usually subjected to other methods, removal with the knife being the favorite. Hysterectomy in the first case would, of course, have involved removal of the ovaries also. Both this and removal of the uterus itself were avoided entirely, no natural structures being even injured, and the time required in the treatment was probably not longer than that necessary to recovery from the effects of abdominal section. In the second case the bloodless removal of a sarcoma of the palate was followed by a treatment that I hope will render the patient less liable to a return of the disease. The third case was, of course, a failure to cure or to preserve life, yet it is thought that life was prolonged by the very evident curtailment of the growth and improvement of health. Comparisons were hardly possible, however, as an operation had been refused by one surgeon as useless.

A CASE OF MASKED GOUT.

By Morris C. Robins, M. D.,
Resident Physician Union Protestant Infirmary, Baltimore.

JOSEPHINE D., white, female, single, aged 21.

Patient came into hospital December 15, 1894, having been sent in by her physician from Howard County, Maryland, with a history of nephritis and prognosis of probably an early death. He also stated that the urine had been loaded with albumen, dark, straw-colored, cloudy, having a peculiarly stale odor and that she was passing one and one-half to two pints in twenty-four hours; acid reaction; no sugar. Microscopic examination showed some pus corpuscles, granular and hyaline casts, epithelium cells and crystals which he did not recognize.

I saw the patient on the evening of December 15, 1894. She gave a history somewhat as follows:

She had been sick for about six weeks and had suffered from headache, which was severe in character and constant. She had had marked nausea to such an extent at times as to reject all food. She had lost considerable flesh and presented a marked emaciated appearance. Family history was negative, especially regarding any gouty tendency. She claimed to have had neither scarlet fever,

rheumatism or diphtheria, nor any history of lead poisoning.

The lips were covered with sores, tongue heavily coated, dry and brown, and rather an oppressive odor about the breath. Pallor was extremely marked, respiration 20, temperature 99° F. She claimed to have trouble with her eyesight. Throat slightly congested, chest clear. No rales, but heart gave a somewhat prolonged first sound in the mitral area; the second sound was markedly accentuated in the aortic region. The pulse was 80, but on feeling the pulse I was at once struck by the arterial tension, no sclerosis, however, being present, which was as marked as is gotten in advanced cases of arterio-sclerosis. Her mind was not at all clear, as she seemed to talk at random and to act in a generally simple manner. She presented no signs of edema. Abdomen flaccid with slight dullness in the region of the stomach. Her menses had ceased but she gave no special symptoms of uterine troubles. She had pains in the back and limbs.

Upon my examination I found the urine very highly colored, specific gravity 1030, smelling with a peculiar offensive odor, which was persistent.

The chemical test showed albumen in small amounts but no sugar; reaction strongly acid.

On standing, a dense sediment was found in the test-tube nearly one-half inch in depth. Microscopical examination revealed the following: After prolonged search and for many times I was rewarded by finding only two hyaline tube casts.

The peculiar hedgehog crystals of urate of soda almost covered the field of the microscope. Also uric acid crystals were found in no small quantities. Vaginal and bladder epithelium were present. In the first twenty-four hours she passed about one pint of urine but showed marked constipation.

Thinking that I was dealing with gout in a masked form, I put her on the following treatment: Pulvis jalape compos, ʒi, which caused frequent evacuations. I also gave her

℞.—Vini Colchici Sem.
Sodii Salicyl.
Potass. Bicarbonas.

This was given in quite large doses but did not nauseate or purge. The urine did not respond in quantity but the crystals disappeared as if by magic. The urine still smelled badly for some time. The albumen disappeared. She at once began to eat and was kept on a bland diet, avoiding meats, taking milk, broths, etc. Her appetite increased and the color came back to her cheeks and at the end of two weeks she was passing two pints of urine in twenty-four hours and getting a regular diet and in the third week she was up and her feebleness had disappeared to a large extent. Her weight probably increased twenty pounds.

About the end of the third week she was put on iron and lithia, which she tolerated well. In the fourth week her menses came on slowly with much pain. She was examined and I found a retroversion which I corrected by a pessary.

She was discharged January 17, 1895, cured. I was fortunate enough to have several prominent members of the hospital staff see the patient and they did not think she would possibly recover.

Mercurial Injections in Syphilis.—The treatment of syphilis with intravenous injections of mercuric chloride was first used by Baccelli of Rome. Dr. Walter Lytle Pyle of Washington, D. C., reviews in the *Medical News* this subject and suggests the following formula for injection:

℞.—Mercuric Chloride	15 grains
Sodium Chloride	45 grains
Water	47 ounces

This should be filtered until clear and to it a little alcohol may be added if it is not a good solution. A ligature is applied above the elbow and after antiseptic precautions a vein in the arm is punctured by the hypodermic syringe and fifteen drops are injected, increasing gradually to one drachm. The solution should be fresh and not too concentrated.

MEDICAL PROGRESS.

RATIONAL DRESS.—Among the many definitions of man, says the London *Lancet*, is one which defines him as the only animal that wears clothes. Now this would be correct if we added the word vertebrate, for several of the lower animals do wear clothes, and wear them, too, with a sense of their fitness and sensible use that puts the bimanous vertebrate to shame. Among these animals who have solved the problem of rational dress are the hermit crab, the larva of the caddis, and certain caterpillars. These clothes are rational in so far that they are fitting for whatever the wearers are doing (of course the problem is simplified when the day's occupation consists of little else than eating and sleeping); but how far below these creatures in our use of dress are we. Men have for ages scoffed at women for the vagaries and flights of fancy displayed in their dress, but there is really but little to choose between the sexes except in the great matter of the pocket, for except a professional thief no mortal being, even the owner, can get at a woman's pocket. It is more, however, the weak points of men's dress to which we desire to draw attention, and specially to the fact that the lungs, as far as anatomy goes, are exposed at the back almost more than at the front. Yet man's clothing overlooks this fact. A man's shirt is at least three times thicker in front than at the back, his waistcoat is always a mere lining at the back, and if, as the majority of men do, he does not button his coat his back is sure to be much exposed. Take again the change from morning to night. During the day a man goes about with thick woolen clothes, thick socks, thick boots or shoes with spats. At night he puts on very thin clothes, a waistcoat which is no protection whatever, thin shoes, silk socks, without any spats, and sallies forth to dine, after which perhaps a dance or a theatre. When arrived he congratulates himself that he is not as those poor silly women who go about with the upper part of their chests bare. We are certain, however, that men catch cold from wearing evening dress far more than women do, and it behoves all who go out in the evening to keep the legs and feet warm as well as the upper part of the body, and to wear an extra vest to make up for the practical disappearance of the waistcoat.

* * *

THE HEARING OF NEW-BORN CHILDREN.—According to Preyer, in the *Archives of Pediatrics*, who has made some of the more recent researches upon the hearing of new-born children, it is possible, during the first two hours following birth, to make loud sounds, such as the clapping of hands close to the ear, shouting and the like, without producing any evident reaction in the child; in other words, there exists in the newly born a physiological deafness which lasts until about the fourth day.

For the purpose of exact comparison with these results, Dr. Poli has made a series of investigations in twelve new-born children, one delivered at the seventh month and the others at full term. The examinations of the children were made during the first three days of life, and preferably during the first five hours. In one case the test was made at the moment of the expulsion of the child. The result showed that the children born at full term were fully capable of perceiving during the first moments of life all such auditory excitation as would be produced by whistling, tapping and similar high-pitched sounds. The reaction obtained varied from a simple contraction of the eyelids to slight muscular movement extending over the whole body. High-pitched sounds were those first perceived. In the case of the child born before the full term sounds made under the most favorable conditions produced no reaction whatever.

The difference in the results in degree in the individual cases depends probably upon the condition of the sound-transmitting apparatus, the fact being that the gelatinous mass which fills the tympanic cavity does not change immediately after birth, but remains a greater or less length of time, and in the case above mentioned of the infant born before the full term it did not disappear until the twentieth day. If, therefore, the existence after birth of a period of

physiological deafness is admitted, it is probably to be explained by an obstruction to the passage of sound waves through the middle ear, and not by an early deficiency in the sound-perceiving apparatus.

* * *

CASTRATION AS A CURATIVE FACTOR IN OSTEOMALACIA.—In a severe case of endemic osteomalacia, says the *International Medical Journal*, Kleinwächter has seen a complete cure occur after a Cesarean section, the ovaries not being removed. The patient, a thirty-seven year old Jewess, was the mother of eight children, and showed all of the skeleton to be diseased with the exception of the bones of the head. As she was six months pregnant, the producing of premature labor was advised, but refused. The woman was then lost sight of for several years, when a telegram was received, asking for the performance of an immediate Cesarean section, as she had again become pregnant. She informed the physician that her former labor had been very difficult, and since then her pains had been all the more severe. The bag of water had ruptured the day previously. The body was now still more deformed, her height having diminished five centimeters. At the examination the finger could barely be admitted into the vagina. It was thought, however, that the placenta was adherent, and the head pressing upon it. An immediate Cesarean section was performed. After removing a living child, forty-seven centimeters long, the uterus was washed with a warm creolin solution and sprinkled with iodoform. The uterus contracting well, the opening was closed by stitches not penetrating through the muscle, additional superficial stitches of sublimated silk being next employed. Kleinwächter intended to remove the ovaries for the sake of the supposed curative action on the osteomalacia, but did not do so on account of his being physically exhausted at the time of the operation. Recovery was attended with no fever, but was complicated by vomiting and a severe cough. Five months later the woman was in a much better condition than formerly, and after a year she claimed that she was practically well, which was confirmed several years later on by a personal examination, when her physical condition was found to be perfectly satisfactory.

In another case of osteomalacia, where the ovaries were removed at the Cesarean section, the woman died five days after the removal of a decomposed fetus.

The writer remarks how easy it would have been if the ovaries had been excised in the first case to have supposed that the cure had been accomplished through their removal.

* * *

PORNOGRAPHIC LITERATURE. — The literature, says the *Western Reserve Medical Journal*, that comes to the office of a medical journal is very suggestive in its range, morally as well as intellectually. The fact that advertising pays subjects the medical editor to temptation as much as, probably, is the case with the newspaper men. The business management of the large eastern journals is entirely separate from the work of the editorial staff, and the ethics of the advertising columns are apt to be somewhat lower than are those of the editorial pages. Leading articles in those journals do not, as a rule, cater to the trade. Publications in smaller towns are usually managed by the editors, and as human nature is weak, and profits in legitimate journalism small, advertisements are apt to creep in disguised as original papers, even into the pages of legitimate journals. Others there are, sown broadcast over the land, which are simply advertising sheets, and from them private formulas and special remedies loom out from every page. No doubt the profits of such advertising are large, and there is no law of the land to prevent it. But there is a limit beyond which this thing should not go, and it is to this that we wish to call attention. Many of these sheets resort to medical quips and jokes of, to say the least, doubtful propriety. This has been carried so far that in a recent sample just received, there appeared a number of half-tones, artistically excellent, but essentially lewd, and evidently there to attract attention for that very quality. Low-class journalism can go no further

than this. The postal laws allow nude pictures in genuine medical publications, and very properly, as they are necessary for illustration. There is nothing indecent in a necessary exposure of the person for medical examination, or in the pictures which illustrate medical subjects. That drug advertisers should avail themselves of this liberty to distribute obscene literature is but a poor compliment to the ethical standards of our profession, and should be dealt with as it would be if carried on without its thin disguise of professionalism.

* * *

Blood Alterations in Ether Anesthesia.—In seeking for the cause of anesthesia in ether inhalations, Dr. J. C. DaCosta gives, in the *Medical News*, the results of a series of cases carefully studied, in which he is of the opinion that not only the direct action of the ether on the nerve elements, but an alteration in the composition of the blood, causes this unconsciousness. His conclusions are:

1. Etherization produces a marked diminution in the hemoglobin of the blood.

2. The red corpuscles and the hemoglobin are especially affected in blood previously diseased, in such conditions, for instance, as anemia.

3. Irregular reports are due to faulty observation, to the presence of altered hemoglobin in the blood, to the faulty aberration as to color of a Fleischl instrument or to taking the blood before anesthesia is completed.

4. The white corpuscles show irregular changes which are not characteristic, and exhibit variations not more pronounced than would be found in the same number of samples of normal blood on different examinations.

5. Age does not apparently influence the results.

6. Ether-pneumonia may possibly be due, in some instances at least, to the action of intense cold upon the lungs, produced by the action of ether-vapor.

7. Edema of the lungs may arise from contraction of the pulmonary capillaries, thus producing a loss of *vis a tergo* and damming up of blood in the veins. Furthermore, the same condition may produce sudden paralysis of the heart.

8. The often-quoted observation as to the effect upon the hemoglobin of shock and hemorrhage requires enlarged repetition upon human beings before the statements can be unreservedly accepted that hemorrhage causes a great fall in the amount of hemoglobin, but that shock does not affect it.

9. The chilling of the blood-stream may be responsible for the nephritis that occasionally follows etherization.

10. Prolonged anesthesia profoundly deteriorates the blood and strongly militates against recovery; hence rapidity of operation is most desirable.

* * *

Baths in the Treatment of Sterility.—Kisch (*British Medical Journal*) ascribes sterility in the female either to the result of some form of pelvic peritonitis, to constitutional affections, to chonic local inflammations or catarrhs, or dyspareunia. He then describes the measures and treatments likely to alleviate the condition. Ordinary baths, partial or complete, douches, compresses, etc., are able to act on inflammatory deposits together with mineral waters, which increase the secretion of the intestinal tract. The baths of Elster, Franzensbad and Marienbad endowed with ferruginous properties, or the saline baths of Kreuznach, etc., are specially indicated. Sterility dependent on anemia should be treated at places like Pyrmont, Schwalbach, Spa, etc. For catarrhal conditions, alkaline springs such as those of Ems, Vichy, etc., should be resorted to; or should the secretion be excessive, more benefit might be derived from the astringent waters containing sulphate of iron, namely, Alexisbad, Levico, etc. Excessive corpulence as a cause of sterility should be treated at Marienbad, Tarasp, Friedrichshall, or Püllna. The results of vaginismus may be alleviated by the warm springs of Schlangenbad, Wildbad, etc. Finally dyspareunia, an important cause in the author's estimation, may be improved by baths or douches of water containing carbonic acid, as also by residence at an altitude, or by the sea.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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SEE PUBLISHERS' DEPARTMENT, PAGE 407.

BALTIMORE, MARCH 16, 1895.

THE coming meeting of the American Medical Association promises to be a very large affair. Already the committees of arrangements have done much work and are meeting weekly in their efforts to make this event a most successful one.

American Medical Association.

Baltimore has for a long time had the reputation of being a very hospitable city and combining the easy and cordial manners of the south with the plenty of the north, and the beautiful women who are called in other States "terrapin women" are supposed to get their beautiful complexions and rich coloring from a long line of ancestors whose chief diet was canvas-back duck and diamond-back terrapin. This charming hospitality has not been lacking at other times and in other associations, as the recent convention of bankers will attest. To make, then, this meeting of the American Medical Association the success which it should be calls for a certain amount of patriotism on the part of each physician in the city and State. Physicians will come here in large numbers from every quarter of this vast country and with many of them it will be a first visit. Cordiality and hospitality can be shown without unnecessary effusiveness and a genuine welcome will not only be a proper greeting for the visitor, but will help all the physicians here in their pleasant duty of entertaining the profession, will make their guests feel at home and in an indirect way will assist the city of Baltimore.

Too long has it been the custom in many places to belittle any project or plan because it was begun and fostered at home and many a good thing has been near failure only to be saved by removal to a metropolis whence with the mark of success it returns to its former home to be supported by those who disdained it before.

If the meeting next May is to be a success, every man is to use his influence as far as he can and then when the members leave here pleased with their reception, each one can take to himself some credit for the results and feel a thrill of pleasure as a reward for hard work and an expenditure of time and money.

It is very easy to be a passenger in the winning boat in a race and it is quite human to shout with the victorious and to take to one's self praise for success as soon as success is in sight. Rats do well to leave a sinking ship, for self-preservation is instinctive; in the same degree in another direction this solemn homily is intended to show that in every effort that requires time and money all should assist and not sit idly by until success comes while the modest promoters of the scheme get no credit at all.

Then let each committee, every member of each committee, take a personal responsibility in his individual task and when the work is over there will be mutual congratulations and many words of praise.

* * *

IF the coming woman is to be a man, or if woman is to don male garb and become masculine, then it is highly proper that what were once considered the rights and privileges of the female sex should be shared by the male.

Hysteria in the Male.

Hysteria has for a long time been considered a disease peculiar to woman and indeed its derivation from the word signifying uterus

would show that that organ was blamed for all that complex arrangement of symptoms which were blindly called hysteria. Hysterical patients receive little sympathy, as the hard-hearted physician usually has the idea that the peculiar convulsions of laughing, weeping, unconsciousness or what-not, are "done for fun" or out of "pure cussedness."

This is partly because at that time the disease was supposed to be confined to woman while the practice of medicine was confined to man. Now, however, there seems to be a gradual transposition taking place, an osmosis, as it were. The woman studies medicine and scorns the idea that any one disease should be monopolized, while the man is allowed to go scot free. It seems strange that so many imperfectly understood symptoms should all be massed under the general term hysteria.

Dr. Benjamin Edson, in the *American Journal of Obstetrics*, has cited a large number of authorities giving various definitions of hysteria. Many writers admit that the disease may occur in the male when it is more than a neurosis and may be due to injury, as the writer of this paper shows. He cites a number of cases in his own and others' practice to show that:

1. Hysteria is not wholly a functional trouble, but it often depends upon organic disturbances.

2. It is a disease of men as well as of women. In the two sexes it is one and the same disease in cause, direct or remote, and in development and manifestation.

3. It occurs in males at all ages, but more especially in boys and young men.

* * *

THE specialties in medicine are unequally divided. Some are crowded, while others are rather neglected. The department of dermatology is one which requires especial skill and knowledge, and one which when followed with tact and judgment brings great rewards.

Cosmetics.

The dermatologist who has studied the art of cosmetics and can apply it to cases in hand may be sure of success. A woman will do almost anything to improve her looks and enhance her beauty and anything that can be rightly done to further this end is not only laudable but very desirable. Women should be encouraged in their desire to look as attractive as possible, and whatever tends to improve their appearance, provided it is not injurious, should be allowed. Too often does a bad case of acne, eczema, or some similar trouble go on untreated until the eruption causes loss of tissue and scars.

Cosmetics should not be looked on as the application of rouge and powder, as is so often the belief. Any article that keeps the skin from performing its functions, as the too frequent application of powders, or the daubing on of an ugly and very apparent rouge, should on no account be allowed and the endeavor should be so to treat the skin that its natural healthy condition and bloom will be restored.

Such defects as hairs and moles should also receive attention, for removal of superfluous hairs can be accomplished with some patience and a little pain and there is no reason why any woman whose face is marred by hirsute appendage should not apply to the proper specialist to have these defects removed. If physicians, particularly the family physician, would take greater pains to attend to these apparent trifles, they would save many a woman from the hands of the quack and charlatan.

* * *

IT is gratifying to note that some of the physicians of Baltimore are taking an active and public-spirited interest in certain educational and sanitary reforms. This was first shown by a call for the establishment of free baths, which has at last assumed an encouraging shape. There is an ordinance before the city council to appropriate $8000 for the erection of such facilities, centrally located.

Educational and Sanitary Reforms.

The introduction of physical training into the common schools has also brought several advocates to the front. The idea of military instruction for this purpose is not to be entertained for a moment. The United States Government has long since found it necessary to supplement the manual of arms by more general and systematic exercises of a gymnastic character.

Were our local municipal atmosphere more congenial to the broad-minded and disinterested physician, it would not be difficult to secure a specially trained medical director, such as Boston now has, who would be competent and willing to take charge of this as well as other sanitary interests connected with public school life.

MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending March 9, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		27
Phthisis Pulmonalis		28
Measles	9	
Whooping Cough		1
Pseudo-membranous Croup and Diphtheria.	4	1
Mumps		
Scarlet fever	18	1
Varioloid		
Varicella		
Typhoid fever		3

Among the recent deaths in the medical profession in Philadelphia are to be recorded the names of Dr. Samuel K. Ashton and Dr. George A. Rex.

Dr. H. C. Parsons has been appointed an assistant resident physician at the Johns Hopkins Hospital and Dr. Theobald Coleman as assistant resident surgeon.

Dr. Theodore J. Micheau died last Monday at his residence in this city, after a lengthy illness from Bright's disease. He was a native of Baltimore and in early life learned the drug business. Among the surviving sons is Dr. Ellis Micheau, a Baltimore practitioner.

At the annual meeting of the Anne Arundel County Medical Society, Maryland, the following officers were elected : President, Dr. H. B. Gantt : Vice-President, Dr. C. R. Winterson ; Recording Secretary, Dr. Benjamin B. Davidson ; Corresponding Secretary, Dr. C. B. Henkel ; Treasurer, Dr. Frank H. Thompson ; Finance Committee, Drs. H. M. Revell, C.B. Henkel and Thomas H. Brayshaw; Executive Committee, Drs. George Wells, J. W. Dubois and S. H. Anderson.

The following are the titles of the papers that have been promised for the Baltimore meeting of the American Academy of Medicine, May 4 and 6, 1895 . 1. The Address of the retiring president, J. McFadden Gaston, Atlanta, Ga. 2. "Expert Testimony," Henry Leffmann, Philadelphia. 3. "Hospital Management," W. L. Estes, South Bethlehem, Pa. 4. "The Proper Teaching of Physiology in the Public Schools as a Means of Preventing Intemperance and Venereal Disease," De Lancey Rochester, Buffalo, N. Y. 5. "The Problem of Dependency as Influenced by the Chinese in America," W. F. Southard, San Francisco. 6. "What Agencies Conspire to Check Development in the Minds of Children," J. Madison Taylor, Philadelphia. 7. "How to Avoid the Dispensary Abuse ?" Emma B. Culbertson, Boston. 8. "Contract Medical Work and Fees," Charles P. Knapp, Wyoming, Pa. 9. "What Shall We Do With Our Alcoholic Inebriate ?" J. W. Grosvenor, Buffalo, N. Y. 10. "Life Insurance in Its Relation to One of the Dependent Classes," E. O. Bardwell, Emporium, Pa. 11. "Some Results of Competitive Medical Charity," George M. Gould, Philadelphia, Pa. 12. "Criminal Anthropology," E. V. Stoddard, Rochester, N. Y. 13. Title to be announced, Leartus Connor, Detroit, Mich. 14. "The Increase of Insanity," Gershom H. Hill, Independence, Ia. 15. "A Perfect Consultation," L. Duncan Bulkley, New York.

The Chairman of the Committee of Arrangements of the Baltimore Meeting of the American Medical Association authorizes the following announcements: The railroad fares will be one and one-third on all roads. There will be excursions at popular prices to Gettysburg Battlefield, Annapolis, Washington, and probably Philadelphia and New York. A large attendance is expected. There will be a reception at the Johns Hopkins Hospital and a general reception by the profession of Baltimore to the Association delegates and their families at Music Hall. An auxiliary committee of ladies will be appointed to look after the entertainment of the visiting ladies. The Cyclorama Building has been obtained for the pharmaceutical exhibition and intending exhibitors are requested to make early application for space to Dr. B. T. Winchester, manager of the exhibition, 716 Fremont Avenue, corner of Lanvale Street, Baltimore, Maryland. Diagrams and rates will be furnished on application. The hotels have all made a reasonable reduction and exact rates will be announced later. The Hotel Stafford will be the headquarters of the Association. The sessions will be held on Tuesday, Wednesday, Thursday and Friday, May 7, 8, 9 and 10, 1895.

WASHINGTON NOTES.

The regular meeting of the Clinico-Pathological Society was held on Tuesday night, March 5, the President, Dr. William M. Sprigg, in the chair.

Dr. Larkin W. Glazebrook presented a specimen of the atlas and axis of the spinal column, with the upper portion of the spinal cord injured by a pistol ball. The man was shot by a policeman at long range, about 60 or 70 yards, while running. The ball entered the spinal canal in the upper border of the transverse process of the atlas, severing two-thirds of the cord just below the medulla. The man died in a few minutes.

Dr. C. W. Richardson read a paper on "Intubation," describing in detail the operation and how the nurse should hold the child for the introduction of the tube. The paper was discussed by Drs. Beatty, Clark, Van Rennselaer, Tompkins, Compton and others.

Dr. Wm. Penn Compton read a paper on "Tubercular Meningitis," and cited a case in which recovery had taken place. Dr. Frank Leech opened the discussion and reported a case of his own, presenting specimens of the upper portion of the spinal cord and the base of the brain. These specimens showed very prettily large numbers of tubercles.

The Medical Society of the District of Columbia held its regular weekly meeting on Wednesday night, the President, Dr. Samuel C. Busey, in the chair.

Dr. Walter Reed of the Army Medical Museum presented and described in detail several specimens. (1) A tumor sent to him by Dr. J. W. Bovée, removed from a woman who had borne seven children. Dr. Reed described it as a myo-lipo fibroma. (2) A kidney with double ureter. One ureter was healthy, but the other showed an ascending pyelo-nephritis. (3) Miliary abscesses and hypertrophied bladder.

Dr. D. S. Lamb presented several specimens. (1) Tubercular Larynx. (2) Inflammation of Lungs. (3) Hemorrhage into Lungs. (4) Fibroid Phthisis. "Tubercular Larynx" was discussed by Dr. T. Morris Murray.

The essay of the evening was by Dr. George M. Sternberg, Surgeon-General of the United States Army, entitled "Explanation of Acquired Immunity in Infectious Diseases."

The paper was discussed at considerable length by Dr. Salmon, Chief of the Bureau of Animal Industry.

PUBLIC SERVICE.

UNITED STATES ARMY.

Week ending March 11, 1895.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

The leave of absence for seven days granted Captain Paul Clendenin, Assistant Surgeon, is extended twenty-one days.

The attending surgeon at Boston, Mass., will attend the sick at Fort Warren, Mass., during the absence of Captain Clendenin.

First Lieutenant George D. De Shon, Assistant Surgeon, is relieved from duty at Fort Logan, Colorado, and ordered to duty at Fort Douglas, Utah.

Captain Freeman V. Walker, Assistant Surgeon, is granted leave of absence for one month, to take effect upon his relief from duty at Fort Trumbull, Conn.

Leave of absence for one month, to take effect about March 10, 1885, is granted Major Charles L. Heizman, Surgeon United States Army, Fort Douglas, Utah.

UNITED STATES NAVY.

Week ending March 9, 1895.

Assistant Surgeon T. W. Richards detached from Naval Laboratory and Department of Instruction and to the United States Ship "Minnesota."

Assistant Surgeon James Stoughton detached from the United States Ship "Minnesota" and to the Puget Sound Naval Station.

PUBLICATIONS.

REPRINTS, ETC., RECEIVED.

Sharp & Dohme Price List. 1894.

The Pharmacology of Kola. Parke, Davis & Co. 1895.

Chicago Summer School of Medicine, Chicago, Illinois. 1895.

Interstate Quarantine Regulations of the United States. 1894.

Tenth Annual Report of the Adirondack Cottage Sanitarium. 1895.

Surgery Two Hundred Years Ago. The Antikamnia Company. 1895.

Report of the Surgeon-General of the Army to the Secretary of War for 1894.

Annual Report of the Board of Managers of the Maryland Hospital for the Insane, 1894.

A Short Sketch of the New York Medical College. By Edwin Hamilton Davis, M. D., 1883.

Horny Epithelium or Summer Granulations. By Jos. E. Willetts, M. D. Reprint from the *Medical News*.

Charity Organization and Medicine. By George M. Gould, M. D. Reprint from *The Medical News.*

Twentieth Biennial Report of the Illinois Institute for the Education of the Deaf and Dumb at Jacksonville. 1894.

Hygiene of the Eye. By L. Webster Fox, M. D. Philadelphia. Reprint from *The Dietetic and Hygienic Gazette.*

Evisceration of the Eye-ball. By L. Webster Fox, M. D. Philadelphia. Reprint from *Codex Medicus*, Philadelphia.

Immediate Capsulotomy following the Removal of Cataract. By L. Webster Fox, M. D. Reprint from *The Medical Bulletin.*

Castration for Hypertrophied Prostate. By B. Merrill Ricketts, M. D. Cincinnati. Reprint from *The Times and Register.*

Vaginal Examination of the Uterus and Adnexa. By H. J. Bolt, M. D. Reprint from the *American Journal of Obstetrics.*

Report of the Surgeon-General United States Navy, Chief of the Bureau of Medicine and Surgery, to the Secretary of the Navy, 1894.

The Halo or Rainbow Symptom in Glaucoma. By Joseph E. Willetts, M. D. Reprint from the *Annals of Ophthalmology and Otology.*

The Complete Method of Operation in Cases of Cancer of the Breast. By A. C. Bernays, M. D. Reprint from *Louisville Courier of Medicine.*

Hygiene of the Anus and Contiguous Parts. By J. Rawson Bennington, M. D. Chicago. Reprint from the *Journal of the American Medical Association.*

Removal of the Head of the Femur from the Lesser Sciatic Notch. By B. Merrill Ricketts, M. D., Cincinnati. Reprint from *The Times and Register.*

The following by J. H. Kellogg, M. D., Superintendent of the Sanitariumat Battle Creek, Michigan. Modern Medicine Publishing Company, 1894:

The Non-Surgical Treatment of Ovarian Diseases.

Methods of Precision in the Investigation of Disorders of Digestion.

The Relation of Static Disturbances of the Abdominal Viscera to Displacements of the Pelvic Organs.

The Graphic Study of Electrical Currents in Relation to Therapeutics, with Special Reference to the Sinusoidal Current.

CURRENT EDITORIAL COMMENT

WRITING FOR PUBLICATION.

Medical World.

It is a good general principle that a young man engaged in a scientific calling should be slow to venture to write for the instruction of his professional colleagues. He could very appropriately practice, study, observe, compare, taking careful notes as he goes along, and thus lay a solid foundation for his subsequent work and exchange of views with his fellow-practitioners. It is a golden rule that while he is not very busy he should so prepare himself that his opinions will be ready, correct and accurate when he becomes busy.

HOME INTEGRITY.

St. Louis Clinique.

More is demanded of the physician today than was required fifty years ago. Not only has the science of medicine and the allied branches advanced, but the general public has so gained in knowledge that it is beginning to have places only for the truly educated and well trained graduate. The day has gone by when a diploma, a smooth tongue and a good stock of assurance were almost sure to bring success. But while it is true that scientific acquisition is imperative, the good people of this age are making it apparent that a physician must be something more than a trained scientist and skilled practitioner—he must be all this and withal, a man of high moral character.

THE INCOME TAX.

Medical Record.

The Treasury Department has issued a circular telling people who have incomes how to keep their books and accounts in order to make things easy and pleasant for the tax collector. On the credit side, this circular says, the professional man must place all his fees and all his charges for services, whether collected or not—in fact all unpaid bills—provided they are "good." We are curious to know how physicians can tell what accounts are good and what are not with any approximate exactness. Here will come merely an extraordinary temptation to underestimate the financial standing of his patients. Physicians must make up an estimate, not of their actual, but of their possible, income for the benefit of the tax inquisitor.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXII.—No. 24. BALTIMORE, MARCH 30, 1895. Whole No. 731

ORIGINAL ARTICLES.

MEMBRANOUS CROUP.

REPORT OF A CASE IN WHICH ANTITOXINE WAS USED.

By W. Q. Skilling, M. D.,
Lonaconing, Md.

On the morning of February 11, I was called to see Ephraim Meyer, five years of age. Arriving at the house, I found the child playing around the room, suffering little or no inconvenience. His mother stated that during the night he was very feverish and restless, constantly harassed by a croupy cough. His voice at this time was husky, but did not possess the characteristic metallic sound invariably heard in membranous croup.

Examination of the throat revealed the tonsils and pharynx congested, but no evidence of membrane; the pulse was quickened to 110, temperature 101°. I ordered two grains of calomel to be dropped on the tongue every two hours, and prescribed an expectorant mixture containing benzoate of soda for the cough, also advised the parents to place a thermometer in the room and to keep the temperature between 70° and 80°.

I did not see the case again until 2 P. M. the following day. The respiration was now greatly accelerated, pulse 120, temperature 104°. Cough beginning to develop the characteristic metallic note. On examining the throat I was surprised to find the tonsils and pharynx coated with diphtheritic membrane. Returning to my office, I secured an apparatus which I had successfully used in two other cases of membranous croup, and which consists of a "Summer Queen" burner with an ordinary coal oil can or coffee pot for a boiler, to which is attached about six feet of rubber tubing with a condenser at the end.

The child is placed on a cot or bed under a canopy arranged with a sheet or blanket. The steam is medicated by placing thymol and turpentine in the boiler. The patient is allowed to inhale the steam constantly, only letting up when nourishment is administered. This treatment was immediately instituted in the case. Realizing the gravity of the case and desiring to give the serum treatment a trial, I telephoned Dr. E. T. Duke of Cumberland, who had spent some time in Washington studying the serum method, requesting him to send me enough Behring's antitoxine to treat one case.

Dr. Duke being interested in the matter, purchased a bottle and kindly brought it in person to me. The child at this time, 6 P. M., February 12, was in a critical condition. There was marked dyspnea, indicating laryngeal stenosis. Emetics had been administered during the day but they only gave temporary relief. I discontinued the calomel and at 6.20 P. M., in the presence of Drs. Duke, Porter and Bullock, I injected 5 c.c. of serum into the right loin. The little fellow did not whimper when the needle was introduced and in less than two hours was sleeping soundly.

During this time the steam was kept constantly playing on him. The second dose, 5 c.c. of serum, was injected at 10 P. M.

The patient slept at intervals until 4 A. M., at which hour I was called and found him in great distress. The membrane seemed to be quite loose, but he was unable to cough it up. I gave him 3 grains of turpeth mineral, which acted promptly, bringing up large quantities of membrane, giving the patient great relief. The pulse had dropped to 100, temperature 101°. During the morning of the third day the child seemed so much improved, the attendants without my consent discontinued the steam inhalations and allowed the patient to sit up in bed. I was hurriedly called at 2 P. M. and found the child tossing about the bed, his lips purple and his eyes staring.

The case now seemed almost hopeless. An emetic dose of syrup of ipecac was administered, which gave instant relief. I turned on the steam, with instructions to keep it up constantly. From this time on the case made steady progress toward complete recovery. The third day after the use of antitoxine a petechial eruption broke out over the abdomen and chest.

From the experience in this case, I have come to the conclusion that antitoxine is the proper remedy in diphtheria and allied affections, but we must not rely on the serum alone. While I do not attribute the result in this case entirely to antitoxine, it certainly did modify the symptoms in a wonderful manner. In less than thirty-six hours after the injection of serum the membrane had entirely disappeared from the throat, but the larynx remained involved for a few days. Behring's serum No. 2 was used in this case. Should another case present, I would use serum No. 3.

Bone and Joint Tuberculosis.—Dr. G. Neuber of Kiel reports in the *International Medical Magazine* fifteen cases, of which fourteen are cured and one remains under treatment. In eight there was primary union, in four cases secondary union without suppuration, while in two cases there was a slight amount of pus. These results were obtained by the use of a ten per cent. glycerine emulsion of iodoform, which the author used for its well-known specific action in tuberculous cases. The author opens the joints, removes all fungous, tuberculous masses and necrosed tissues, washes out all the pus, removes necrotic bone and sequesters, and then pours over the entire tuberculous area a ten per cent. iodoform glycerine emulsion. After the joint has been opened and the diseased tissues removed he unites the joint capsule by a buried suture, the superficial tissues by an ordinary interrupted suture; the wound is not drained, but firmly closed. Over the wound he lays a small amount of iodoform gauze held in place by adhesive plaster, and afterwards a dressing to hold the joint firmly in a fixed position. The cases so far include elbow, ankle, foot and hip-joints. When a joint is only partially involved, after opening it, he puts into the sound portion a tampon of iodoform gauze; when all diseased tissues have been removed he washes out the wound, removes the gauze, and floods the whole cavity with iodoform emulsion, closing the wound by means of buried and superficial sutures without damage. The use of the same method in the treatment of other wounds he has found of value in securing primary union.

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Removal of the Gasserian Ganglion.—E. Doyen (*British Medical Journal*) reports the remote results of section of the trigeminal nerve in the case of a woman on whom he operated more than a year ago. He performed intracranial section of the trigeminal, and total ablation of the Gasserian ganglion. The patient is now perfectly well, suffers no pain, and presents no appreciable symptom except insensibility of the cornea and of one-half of the face. There are no trophic disturbances; the function of the eye on the side operated on is absolutely intact; vision is perfect.

PROFESSIONAL UNITY.

THE PRESIDENT'S ANNUAL ADDRESS READ BEFORE THE WASHINGTON COUNTY MEDICAL SOCIETY, NOVEMBER 12, 1894.

By T. W. Simmons, M. D.,
Hagerstown, Md.

MR. PRESIDENT and Gentlemen : —It is with feelings of much pleasure that I have witnessed the steady progress of this Medical Society since its reorganization. And during the year that now ends with this, my last official act, as your presiding officer, you have demonstrated a degree of proficiency and a high standard of good, sound, medical views, doctrines and methods, which places this organization, I feel sure, abreast with any other within its scope.

This is as it should be, but while I pay this deserved tribute, I regret to say at the same time, that some of the members have been very irregular in their attendance, while others have attended one or two meetings only, and then remained away as though some offence had been given them. This is very discouraging as far as it goes, but I am glad to say the larger majority of our members have been as regular as it was possible for them to be. I fear some plead business engagements too much as an excuse, while they could no doubt, with but little inconvenience, arrange to be present. Only three or four hours are required in every three months, or about fourteen or fifteen in a year. Surely this is a very short time to give to our Society if every meeting were fully attended. I am informed that those physicians who have the largest professional business in Baltimore are generally most regular in attendance at their medical meetings. Good attendance at any time, or at any medical society, shows personal interest, and is very encouraging to all who feel an interest in the welfare of such societies.

Our practice should not occupy all of our time. A physician should have time for study as well as for rest and recreation ; he must hold in view the fact that every man, however high or low, has a right to demand for his own life, as well as the life of those most near and dear to him, a degree of proficiency at our hands that is in keeping with the advance of the day. Indeed it is an obligation binding upon each one of us, that every diligence as well as opportunity should be given to the acquirement of the best practical principles and methods attainable, and to make a skillful application of them as well.

The professional laggard has no excuse in this wonderful era of medical advance to hold on only to old rejected, obsolete theories and methods, and can do so no longer, except in his pride of obstinacy, or lack of professional interest, or of ignorance. We cannot content ourselves with the idea that our early teachings and trainings are the only true ones ; for while it is commendable to take no step without first looking well to the ground upon which we are wont to stand, yet the wisest and most distinguished pioneers of the profession today are constantly throwing overboard, or leaving behind, those supports upon which they once stood with so much confidence.

The greatest period of humiliation and shame that has ever characterized our professional history was when opposition and relentless derision was visited upon the immortal Jenner, when handing down that heaven-born decree that stands today as a shining light in medical literature. Let us profit by the ignominious example of his persecutors, for I fear the saying is true to some extent that we of the present day are too much inclined to meet new ventures with disapprobation, at least when in their infancy. Let us remember that in so doing we partake of professional per-

secution, if not in extent the same that characterized the days of Jenner. The profession has not yet, nor never will, if we are to judge the future by the past, reach a pinnacle of perfection, for like a stream of crystal water, it is ever continuing yet never ending, and like it, we can feel sure, from our present state of progress, we will never recede.

The light of scientific knowledge that now shines about us is too genial to our intelligence and conscious appreciation of the right, to allow ourselves to recede to the days of empirical blood-letting, salivation, blistering, etc., when cold drinks were denied in fevers, when proper ventilation and sanitation were entirely disregarded, when our knowledge of histology, pathology, etiology, diagnosis, organic chemistry and treatment were so imperfect, when the value of the microscope, the ophthalmoscope and the fever thermometer were unknown as well as gynecology, antiseptic surgery and anesthesia. These are some of the advances from which we will never recede. And yet as humiliating as it may appear at this time, it is nevertheless true, that each one of these great acquisitions had its share of persecution to surmount.

I only propose in this limited address to refer to that period of medicine comprehended within the lifetime of the oldest members of this Society. I have never felt much interest in medical antiquities with their strange reasonings, strange conceits, follies and credulities. I much prefer to deal with advanced living principles, rather than with those of the dead past, for, as a distinguished pulpit orator recently said, "It is not so important whence we came, as it is where are we going," therefore, let it be our adopted creed to always foster advancing medical truths, yes, even more, let each feel inspired to at least contribute something original to the rich archives of our resources, however small it may be. It is said that no matter that enters into God's creation is ever lost, however indefinitely it may be changed from its original form and elements; so it may be with any knowledge that may be contributed, although soon submerged in the maze of scientific contributions, yet it will sooner or later tend to nourish, perhaps in some unknown way, the growth of valued information.

We have no right to sit in quiet expectation, awaiting the fruits of our brother's toil, contributing no work to the vineyard of scientific and practical culture; Koch, Wm. Welch, Behring, Klebs, Loeffler and Tizzoni, for example, are but human. They tire under the strain of interminable study and research; they are but martyrs to the cause of science that others may live. Contrast such spirits with the unappreciative, ignoring persecutor, and you have the extremes of professional character. The latter may be expressed as a professional potato bug, who not only lives upon what others produce, but saps at the very life of their fruits at the same time.

Allured by the prospects of immediate or temporary gain, selfish, shortsighted members of the profession endeavor to gain public favor by ruthlessly invading fundamental principles, as well as the honor of our profession; indifferent to every consideration except self; but fortunately the man who would further his own selfish aims by such a sacrifice at the present time is soon caught up in his own snare.

A young man carried to d'Alembert the solution of a difficult problem and said to him, "I have done this that I may gain a seat in the Academy of Sciences." d'Alembert addressed him very coldly, and replied, "Sir, science must be loved for its own sake, and not for the advantage to be derived." And so it is with our profession, it must be loved for its own sake, and not for any selfish advantage to be derived.

But a short time since the relations of physicians were much more estranged than at present. The custom then was to abstain from medical discussions with each other as much as possible. Each physician in a neighborhood would pose upon his own supreme knowledge in a non-committal, arrogant way, endeavoring to keep the others from knowing how much he knew (or perhaps I had

better say how little he knew), but today you find them congregated in national, international, State and county medical associations, discussing face to face for their mutual benefit, as well as for the benefit of all, the most intricate scientific problems, in order to settle as with one common understanding their true value and their practical worth. We are here today, gentlemen, in this praiseworthy effort, and in every member of this Society is to be seen a character of professional manhood and courage, not deterred by selfish motives, but conscious of his duty to his calling, conscious of his duty to himself, he comes here to teach and to be taught.

The time is near at hand when the eye of suspicion will rest upon every regular physician who persistently absents himself from the councils of his profession, because of his self-classification with those against whom the doors of our medical associations are forever closed. Medical societies may properly be called post-graduate schools of instruction, which, after all, are but the finishing rooms for doctors after having passed through the several rudimentary construction shops of the college. It is where he is reinforced in all his vulnerable points, polished and put into practical working order. Between our medical societies and our rich store of medical literature, which is in reach of every physician, it is not so much a question of special opportunity that distinguishes physicians of the present day, as it is the diligence and willingness to embrace the ample facilities and opportunities that are at hand. A general cosmos will soon pervade the medical profession all over the world, so frequent and unifying are our intercourses with each other at the present time.

Nor is this professional unity to be alone confined to our medical associations; it is beginning to be seen and felt in the higher councils of the nation. As paradoxical as it may appear, the attitude of the congressional and legislative bodies of this country toward the medical profession in relation to questions that strictly come under medical supervision has been of the most adverse character. Until recently they have persistently refused to confer upon the profession the power of dealing with the problems of public health, to which their special knowledge clearly entitles them. What an absurd parody on the intelligence of the representatives of our people, to find doctors at their feet pleading in vain for authority to regulate and preserve the public health.

What question, may I ask, is as vital to the interests of this government as this? Would it not have been more honorable, more magnanimous, if the States would have summoned to their courts those with whom alone reside the knowledge of controlling by every special scientific method, the origin and spread of diseases, for if doctors do not know how to deal with these problems, the question arises, who does? There is no subject under professional consideration so pregnant with value today as that of sanitation and preventive medicine, but the enlightenment of the public must go before any practical administration of its details. I am glad to say that opposition to the united and benign efforts of the profession is growing less in this direction, and the results so far, if they could be possibly estimated, would be wonderful to relate.

By unity the medical profession has already extended its influence far and wide, and under its present code of ethics and honor, it is easy to predict for it a future of great power in the world.

Trichloracetic Acid in Epistaxis.—Kossolino (*University Medical Magazine*) recommends a 3 per cent. solution of trichloracetic acid in persistent epistaxis as a substitute for the chloride of iron. It has a great advantage over the iron salt in being highly antiseptic. It may be applied on cotton wrapped around a probe. The intense burning sensation which it causes may be overcome by the addition of a 20 per cent. cocaine solution.

HEREDITY IN INSANITY.

Read before the Philadelphia County Medical Society, January 23, 1895.

By Robert H. Chase, M. D.,
Philadelphia.

The most common of all diseases is insanity; the most common cause of insanity is heredity. In no class of disease is the transmission of a predisposition to ill health more potent or more evident than in insanity. This fact renders this subject one of the most important in the range of medical science.

The reasons for this great phenomenon are not hard to find or difficult to understand. If the mental and physical traits were not transmissible then there would be an end to all training and all development. As one writer aptly puts it:

"If the child did not inherit the result of all that had gone before, with additional power of development on his own part, all social growth would be rendered impossible. The torch of civilization is handed from father to son, and, as with the idiosyncrasies of mind, so the very body itself exhibits well-defined marks of its parentage."

Thus it is undoubtedly that there is a great fundamental law of nature that the attributes of the parent descend to the child. This seems to be particularly true of the failings, the defects, the infirmities of the parent.

There have been opponents to this proposition, particularly as regards the hereditary character of insanity. Dr. Bucknill has thrown doubts upon the importance of inheritance and has said that if insanity be so easily transmitted from parent to child, how is it that so many in a family escape? The reply to this argument sweeps it away entirely. First, it is a well-known fact that a new generation may escape entirely, or to a large extent, from the mental taint of their progenitors, but who can be certain that the taint is actually absent and not held in abeyance. Second, the study of hereditary transmission of various parental peculiarities shows that heredity is prone to select only certain individuals in a family; take, for example, the peculiarity of the presence of an extra finger or toe. This anomaly may run for many years in a family, selecting only a few individuals, or even one alone in a generation. Third, the more obscure fact in the law of heredity that a tendency may be transmitted from one generation to the third through a second generation which may show no development in the person transmitting it. One of the most beautiful illustrations which we have of this freak of nature is seen in hemophilia, where a daughter who is not a bleeder may transmit the tendency to bleed from her father to her son.

When we become better acquainted with this subject of heredity doubtless we will find that there are well-defined principles by which mental taint is transmitted; already we know that heredity in insanity follows, to a great extent, certain definite tendencies. In this manner insanity may be transmitted direct as far as kind goes, so that the hypochondriacal patient may have a hypochondriacal child, although frequently the inheritance may be altered in form, as a maniacal parent having a melancholic or epileptic child. Another proneness of inheritance seems to be the transmission of the tendency to take on disease under similar conditions, such as age or childbirth. Thus one family inheritance is a tendency to pass into a state of weakmindedness with melancholy at a certain period of life. Likewise instances are recorded in which mother and daughter have suffered from puerperal insanity.

In taking up the subject of heredity in insanity in as scientific a manner as our present data will allow it is well to define exactly what we mean by the term. By heredity, in mental pathology, we mean an original predisposition

to mental alienation transmitted to children from their parents.

This definition becomes necessary when we come to study the frequency of the transmission of insanity, for different observers vary in their figures, due, we will find, largely to their variance in definition of heredity. For example, Marcé claims that we find some antecedent in nine-tenths of all cases; Esquirol, on the other hand, found this predisposing cause in one-fourth of 1375 patients whose histories he examined. Figures of other observers vary between these extremes, due undoubtedly to the latitude allowed by the different observers in their search for previous cases of insanity in the families of the patients so afflicted. Those observers whose percentage runs very high have included almost any connection by blood, while those whose percentage is lower have limited their examinations to direct ancestors, as parents, grandparents and great-grandparents. In this dispute the medium course in estimating the number of patients whose insanity is due to inheritance is the safer one. On examining the figures of all the various observers, it is a modest estimate to say that the figures vary between 40 and 60 per cent.

There is a nomenclature in the study of this subject which it is necessary to comprehend to follow it intelligently. Heredity, when it is attributed to parents, is *immediate;* when it is traced from grandparents, having skipped the parents, it is then *mediate* heredity. When it has existed for many prior generations it is called *cumulative* heredity. It may be on the side of both parents, in which case it is called *double*, or *from convergent factors*. When it is from one parent it is *simple* heredity, either paternal or maternal. According to Esquirol, the latter is the more serious form of the two; it is also three times more common.

When hereditary insanity appears in the child at the time that it appeared in the parent it is called *homochronous*. When it appears in children before it is seen in the parent it is called *anticipatory*. When the hereditary taint reveals itself by a mental disorder identical with that of the parent it is called *homologous;* when it is modified in passing from one generation to another it is called *dissimilar*, or *transformed*. When it becomes more and more intensified by transmission it is said to be *progressive;* if it is alleviated by a series of fortunate crossings it is *regressive*.

The forms of mental alienation that are more predisposed to transmission are undoubtedly suicidal, reasoning, and the several forms of periodic insanity; while acute mania and melancholia compromise the family to a much less degree. In pursuance of this subject Dr. Régis's recent work is interesting. This observer has taken up the biological features of insane families and has developed the theory that heredity in mental alienation presents itself under three morbid types with clearly defined characteristics:

1. The neurotic, or neuropathic type, which originates in the neuroses and gives rise to neuroses and neuropathic insanities.

2. The cerebral or congestive type, originating in cerebral disorders and giving rise to cerebral affections, complicated, it may be, with insanity.

3. The vesanic type, originating in pure insanities, giving rise also to pure insanities, or vesania.

The special evolution of each of these hereditary types, according to this authority, permits to a certain extent the foretelling to what category of mental disorders the members of a family are particularly exposed.

Thus, for example, general paresis does not arise from insanity and does not engender insanity. Like the cerebral diseases, it is born of cerebral affections, and gives rise to the same. It follows that general paralytics, not being descendants of the insane or producing the same, their children escape vesanic heredity, and if they are doomed to any special class of disease by reason of the general paralysis of a parent it is evidently not to insanity but to cerebral affections of all kinds. Although the biological study of the family history of the insane of these various types has

but recently been touched upon by observers, yet this field is rapidly widening, and it is probable that the day is coming when it will be possible for a physician in cases of hereditary predisposition to formulate scientific rational opinions, not merely a response empirical, so to speak, made solely to reassure the interested parties.

The prognosis in hereditary predisposition in insanity is unfavorable as to permanent recovery; although it may render the likelihood of a primary recovery more probable, yet the possibility of a permanent cure is less probable. Curiously enough, some observers have claimed a higher percentage of recoveries in hereditary cases than in non-hereditary cases—in the table of the Crichton cases, where in a large number reported, the percentage of recoveries in hereditary cases was 36 per cent. to 32 per cent. in the non-hereditary. But the great mass of statistics exhibits the opposite result. Krafft-Ebing has demonstrated the fact that in those cases of hereditary disease which were marked by sudden explosions of insanity the prognosis was favorable, while in those which were characterized by a long incubation it was unfavorable. The Crichton cases happened probably to contain a large percentage of the former class. The great tendency of hereditary insanity is to relapse. The diagnostic value of a hereditary tendency to insanity depends largely on its degree. Thus the insanity of one parent would indicate a less degree of predisposition than that of one parent and an uncle, or still less than that of a parent and a grandparent, or of both parents. Again, the insanity of a parent and a grandparent with an uncle or an aunt in the same line may be held to indicate a stronger predisposition than even the insanity of both parents.

The significance of the insanity of parents will depend to a large extent upon the period of its onset. The insanity of a parent occurring after the birth of a child, if it arose from a cause adequate to excite it without previous predisposition, would be held, of course, as of no value in the formation of a hereditary tendency.

The insanity of relatives farther out than parents, uncles and aunts, brothers and sisters and first cousins, is not worth anything except in corroboration of nearer and weightier facts. But the influence of other related diseases to insanity occurring in those near akin, such as eccentricity, alcoholism, epilepsy, hysteria, hypochondriasis, vicious or criminal tendencies, etc., may be of great import.

It will thus be seen that the evidence of hereditary predisposition may be of such a character as to render insanity in a patient an event in the highest degree probable; or, on the other hand, it may be so weak as to add a scarcely appreciable amount of probability to the character of the disease.

The treatment of heredity in insanity is, after all, the most important because the most practical side of the question. Of course, the most decisive way to treat this subject would be to stamp it out by forbidding the marriage of persons so tainted, but unfortunately, as in our syphilitic and tuberculous cases, this is impossible; so our efforts must be directed to preventing the appearance of insanity in such cases, or, if impossible, of ameliorating its condition when it appears. In children of such parents, method, patience, persistent command of temper, self-denying industry and much knowledge of child nature are necessary. As to choice between home and school treatment, it is impossible to decide all cases off-hand. Some do better at home, some do better at school; few will do well at home, however, where it is impossible to be strict without being stern, or to carry out the necessary discipline without setting aside the claims of natural affection. The selection of the proper person to carry out these plans of discipline is by far the most important factor in the early history of the case.

Again, a sound mind needs a sound body; and exercise, food, and raiment exert marked control over the health of these children. Their lives must be a happy medium between the Scylla of over-exertion, over-discipline, overstudy, and the Charybdis of the antithesis of these factors.

When the child has become the man, or at least when he comes to be his own master, then is the time of greatest trial. The physical and moral storm of puberty must be encountered, and great temptations have to be met with less guidance. When the outbreak is imminent the problem arises, should the youth or man continue or stop his regular occupation? This is a question which cannot be answered without a study of the individual case. In some instances it is better for the patient to do this; in some worse. The only general rule to follow is that if the calling is attended with anxieties which weigh upon the ailing mind, it should either be given up for a time or its burden should be lightened. Should the threatened patient travel? This is an easy solution of the problem and an error often into which many physicians fall; it is so easy to order the patient away, that it is adopted with more frequency than wisdom. Change of scene may do good, but constant change of scene with its labors, vexations, and trials, especially in a foreign country, may do much harm. A threatened case of insanity should not be sent to travel without guarantee that proper care and efficient watch should be provided for him. Travel should include due provision for care and protection, the right admixture of rest and fatigue, change and repose. Under these circumstances it may be a very fair thing to try.

Oysters and Typhoid Fever. — An interesting note on this subject appears from the pen of Mrs. Percy Frankland in *Nature*. She points out that De Giaxa some years ago found that in ordinary sea water the typhoid bacillus suffered very considerably in the competition with the numerous other water bacteria present; but it was still identified on the ninth day and in other specimens it could be detected on the twenty-fifth day after it was introduced. Cassedebat, an investigator in the same field, found, however, that whilst many pathogenic bacteria, including anthrax and cholera, lived for many days, typhoid bacilli were destroyed in the course of forty-eight hours in sterilized sea water. On this point Professor Percy Frankland has made some interesting observations to the effect that the addition of 1 and 3 per cent. of common salt to ordinary Thames water into which typhoid bacilli were introduced acted very prejudicially on the latter, although it stimulated the multiplication of many forms of water bacteria. De Giaxa also experimented with fish, introducing pathogenic microbes by the mouth; but he selected only cultures of cholera and anthrax bacilli for this purpose, with the result, however, that in both cases these micro-organisms were entirely destroyed in a few hours. In the greater bulk of the experiments made with oysters and some varieties of mussels, replaced in sea water after inoculation through a hole in the shell which was afterwards sealed up, he found that the pathogenic microbes (cholera and anthrax) had entirely disappeared in six hours, whilst in only two instances were they detected in small numbers at the end of twenty-four hours, and in no case were they identified after forty-eight hours. From these results there would appear to be no evidence that these pathogenic microbes are capable of being transmitted by means of these shell-fish; but, as the writer suggests, the subject might well claim reinvestigation, especially in regard to oysters as possible transmitters of typhoid fever.

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Dentition in Infantile Maladies. —Dentition as an etiological factor in the maladies of early life is looked at from various standpoints, some considering it a natural physiological process, while others consider it necessarily accompanied with general disturbances, and again others think that only difficult dentition should cause such varied complaints. As a fact the happy medium is to be taken and Dr. John Dorning, in the *Archives of Pediatrics*, thinks that too often normal dentition is made the scapegoat for a widely prevailing ignorance of the infant economy and deserves better treatment.

SOCIETY REPORTS.

THE MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

STATED MEETING HELD THURSDAY, MARCH 14, 1895.

THE 784th regular meeting was called to order by the President, Dr. J. Wm. Funck. The minutes of the previous meeting were read and approved.

Dr. J. F. Martenet read a paper on the USE OF LOEFFLER' SOLUTION IN THROAT AFFECTIONS, having received excellent results in diphtheritic patches, the patches disappearing in two or three days, followed by a decided remission of fever. He stated he used it by a cotton mop, applying a few drops to the patch every four or five hours.

Dr. Julius Friedenwald stated he had had similar success.

Dr. Julius Friedenwald read a paper on SOME OBSERVATIONS CONCERNING A NEW TEST FOR THE DETECTION AND QUANTITATIVE ESTIMATION OF THE FREE HYDROCHLORIC ACID IN THE GASTRIC JUICE. The new reagent was at first highly recommended by G. Toepfer. It is dimethylamidoazobenzol. A half per cent. alcoholic solution is prepared. Three to four drops are added to the gastric filtrate. If a reddish color is produced free hydrochloric acid is present. If a yellowish discoloration, it is absent. For quantitative work 5 to 10 c.c. of gastric filtrate are placed in a beaker. Three to four drops of the dimethylamidoazobenzol solution are added and the mixture filtrated with a $\frac{1}{10}$ normal NaOH solution until the reddish color entirely disappears and the fluid becomes yellowish. The number of cubic centimeters of $\frac{1}{10}$ NaOH employed for 100 c.c. of gastric filtrate multiplied by 0.00365 equals the percentage of free hydrochloric acid present.

Dr. Friedenwald compared this test with the phloroglucin vanillin test of Guenzburg and the resorcin test of Boas and found it quite as accurate. While the new reagent gives a reaction with organic acids, it does so when in such concentrations as are never present in the gastric contents. Inasmuch as dimethylamidoazobenzol is a very accurate reagent for the determination of free hydrochloric acid and inasmuch as the method of making quantitative examinations is greatly simplified, Dr. Friedenwald highly recommends it for the purpose. Filter paper dipped into the solution of dimethylamidoazobenzol and allowed to dry was shown to be of great use as a test paper.

S. T. ROEDER, M. D.,
Recording and Reporting Secretary.

UNIVERSITY OF MARYLAND MEDICAL SOCIETY.

MEETING HELD FEBRUARY 19, 1895.

THE meeting was called to order by Dr. Randolph Winslow, Vice-President, in the chair.

Dr. E. J. Bernstein exhibited a patient recovering from EMPYEMA OF FRONTAL SINUS. A woman (colored), 50 years. Swelling about the bridge of nose came slowly; pain over region of sinus; later, swelling; discharge in nose; foul odor; history of syphilis. Treated by lateral incision into sinus and tube inserted for drainage, and iodide of potash given. Result so far good.

Dr. Hall asked if syphilis were not the cause of such troubles.

Dr. John Winslow replied in the affirmative.

Dr. Hiram Woods read a paper on CONNECTION OF NASAL WITH EYE DISEASES. He referred to some one who pictured the nose and eyes as if two houses with pipes connected and drained jointly. Then he reviewed the anatomy of the parts. In 1890, he had a patient's frontal sinus to fill with pus. Before doing so, however, the patient had a great deal of trouble with her turbinated bones, lachrymal duct, left upper lid with an abscess or two, and later the sinus completely filled with pus. Dr. Woods opened the duct and later sent the patient to Dr. Randolph Winslow, who operated, but the patient as result of some atrophy of nerve lost the sight of the left eye. It may have been thrombosis as the cause. Some doctors of Philadelphia advocate washing and cleaning out the lachrymal duct for corneal ulcers and other troubles. If poly-

pus, pull off and treat root. Burning the middle turbinated bones usually causes irritation of the eyes.

Dr. Bernstein referred to a corneal ulcer, which he could not cure until he removed the middle turbinated bone.

Drs. Randolph and *John Winslow* thought the paper a valuable one and had opened a most interesting subject.

Dr. Utley read a paper on ALBUMINURIA DURING PREGNANCY. He said almost all cases ran to the seventh month. Of 160 women on record, only 15 were free from kidney trouble at the latter end of pregnancy. Some journals said that during pregnancy a certain toxine principle gets into the blood and thus passes through the kidneys, causing albumen in the urine. He thought, usually, the cause was fetal growth which pressed the ureters and vessels in general, thereby causing congestion of parts and draining the urine into ureters and kidneys, hence albuminuria. In 24 cases no albumen was found before, and after labor only 60 per cent. showed albumen reaction slightly. In 8 cases, with albumen, they increased after labor, then quickly disappeared. Eclampsia is usual result of such poison, if special care is not taken early in the case. 75 per cent. of the cases recorded give no reference to kidney trouble. Of 20 cases of albumen in urine none resulted in albuminuria proper. Dr. Utley asked all physicians to look specially to such cases and keep records of changes and diet generally, and remedy the same.

Dr. J. E. Michael considered the paper extremely valuable. It was the result of the routine practice of urinary examinations at the Lying-in-Hospital. Diet, he thought, was the important factor in pregnancy. He referred to a case of an animal injected with human blood tainted with albuminuria which resulted in the animal's death.

Dr. Batchelor spoke of case without albumen and afterwards having eclampsia, with urine full of albumen ; two years later, kidney disease was discovered.

Dr. Casper Miller thought the present physician could do without the pathologist.

Dr. Joseph Smith held that diet and examination of urine were most important.

Dr. Hiram Woods spoke of albuminuria retinitis which cleared and sometimes did not clear.

Dr. Randolph Winslow congratulated Dr. Michael on his excellent system at the Lying-in-Hospital and also Dr. Utley on his instructive paper.

JOHN TURNER, M. D.,
Secretary.

MEDICAL PROGRESS.

GUAIACOL. — The use of guaiacol both externally and internally has attracted much attention of late. Dr. J. M. Anders reports a number of cases in the *Therapeutic Gazette* and as a result of his work draws the following inferences :

1. Guaiacol is an efficient local sedative, as shown by its analgesic power when employed in painful affections.

2. It is more potent when administered hypodermically than when applied to the skin surface.

3. It has not, in practically afebrile conditions, produced any noticeable lowering of temperature or other unpleasant effects, in his experience.

4. When employed in febrile affections, it may cause objectionable effects, such as rigors, followed by high temperature.

5. Guaiacol seems to be powerless to control inflammatory processes, particularly when acute in character.

* * *

TREATMENT OF PNEUMONIA. — G. Ivanoff (*British Medical Journal*), senior physician to the Lom Hospital, says that he most successfully treats croupous pneumonia by the internal use of camphor with antipyrine (℞. Camph. pulver. 0.5 gramme ; antipyrine 2.0 ; morph. hydrochlor. 0.02 ; sacch. q. s. M. f. pulv. One-fourth to be given every one or two hours). In adynamic cases he simultaneously resorts to hypodermic injections of camphor in the dose of from 0.05 to 0.1 g., three or four times a day, for which purpose he employs a fatty solution (0.5 camphor to 0.1

g. olive oil). The writer reports a series of 22 cases treated consecutively by this method at the hospital during the period December 10, 1893, to March 15, 1894. All of them were rather severe, but nevertheless every one ended in recovery. The hospital registers for 1889 to December, 1892, show that, previously to the introduction of the treatment, from 3 to 7 patients succumbed to the disease every year, the yearly number of pneumonia cases admitted oscillating between 20 and 30.

* * *

Celiotomy in Puerperal Sepsis.—The question of performing celiotomy in the treatment of puerperal sepsis has been brought up by Dr. Edward P. Davis in the *American Journal of Obstetrics* and he answers by saying that: When the uterus and vagina have been thoroughly disinfected by the curette and douche, and the lymphatics of the pelvis and peritoneum have been well drained by saline purgatives, if the patient does not improve the question of celiotomy must be considered. If an infective focus can be distinctly outlined under anesthesia, it must be, if possible, extirpated. Vaginal celiotomy will often drain a pelvic abscess with the least disturbance and give valuable time for an improvement in general condition. If vaginal hysterectomy with removal of the tubes and ovaries can be performed it may supplement the vaginal drainage of an abscess. If it cannot be performed, suprapubic celiotomy, with amputation or extirpation of the uterus and appendages and vaginal drainage, is indicated. Celiotomy, flushing with saline solution and drainage are also indicated in beginning infection of the general peritoneal cavity.

* * *

Pepsin and Pancreatin in Digestion.—Extensive experience has proved that pepsin is indicated, says Dr. Gumbault in the *American Medico-Surgical Bulletin*, only in a very small number of cases of indigestion. If there be an insufficiency of ptyalin in the saliva, starchy substances will reach the stomach without being digested; pepsin will have no effect on it, whilst pancreatin—which digests twenty-five times its weight of starch—completely saccharifies it.

In stomachal digestion, pepsin can be active, but it is absolutely indispensable that it be in the presence of an acid gastric juice, which, in the author's opinion, occurs very rarely. If the pepsin be replaced by pancreatin, giving a dose of ½ to 1 gramme before meals, the latter, by virtue of its power of peptonizing thirty-five times its weight of albumen, will secure rapid and complete digestion of the albuminoids in the meals.

The action of pancreatin on fats cannot be doubted, since the pancreatic juice which contains it possesses the property of emulsifying and decomposing them. But it is necessary to maintain its emulsifying power, that it pass the stomach without being acted upon by the gastric juice; it must, therefore, be protected against the acid of this juice.

The author states that in patients who had taken pills containing iodides with pancreatin immediately after their meals, the urine and saliva began to give an iodine reaction only six hours after the ingestion of the pills. Pancreatin contains three ferments: Amylopsin, which saccharifies starch; trypsin, which peptonizes albumen; and steapsin, which emulsifies and decomposes all fatty substances. Pancreatin, therefore, acts on all food by the simultaneous action of its three constituents, and thus secures complete digestion. Moreover, it is indicated in enterocolitis; and in gouty persons, it is said to improve nutrition by modifying the products of digestion, and to cause cessation of attacks of gout and of glycosuria.

* * *

Hydrotherapeutic Treatment of Neuralgia.—Dr. B. Buxbaum writes in the *International Medical Magazine* that the hydrotherapeutic treatment of neuralgia has hardly received in practice the attention which it deserves. In neuralgia of rheumatic origin it acts by inducing increased blood supply to the affected parts, and in the neuralgias fol-

lowing upon infective diseases, or due to intoxication by mercury or lead, it promotes the elimination of the poison. In eighty-three typical cases of neuralgia this treatment was unsuccessful only in five per cent. The alternate application of heat and cold is most to be recommended. The alternating Scotch douche is particularly of service. In trigeminal neuralgia, hydrotherapeutic measures applied to the whole body are the most suitable. Other indications should of course be attended to at the same time, such as anemia, malaria, etc.

* * *

Extreme Cardiac Dislocation. — A fully described and clearly illustrated case of exteme left cardiac displacement occurring in a woman of forty-six years is recorded by Heyse (*Dominion Medical Monthly*). The apex-beat was distinctly visible under the angle of the scapula, and the precordial dulness could be made out to the left side posteriorly, immediately over the hepatic and splenic areas of dulness, while at its usual position in the left front there was pulmonary resonance. The etiology of this extreme cardiac displacement is of special interest, which the author, after the exclusion of other forces, especially of old standing pleuritic adhesion, refers to arrested development of the left lower pulmonary lobe. Analogous observations in literature, on which the author bases his opinions, make this very probable, and we must refer for an estimation of this relationship to the ample statements in the work itself.

* * *

Dispersible Tumors.—Many a young girl has become frightened by the appearance of a tumor in the breast which she at once thinks is a cancer and seeks medical aid. For this reason perhaps Dr. Herbert Snow has been able to collect a number of cases in the *American Journal of the Medical Sciences*, in which tumors of the mammary glands of young girls between fourteen and twenty-five were made to disappear or to become almost unnoticeable by massage and the use of certain ointments. The most important point, of course, is to make the diagnosis between a benign tumor and a cancer. Foremost among these benign tumors is what Dr. Snow calls the "fibroma of adolescence." A young girl who has worn a tight corset, which she persistently denies having worn, comes for the treatment of a small nodular tumor sometimes scarcely more perceptible than a slight thickening of the breast tissue; there is usually little pain except what is imaginary. Such growths are generally the result of a defective mammary development and are caused by tight lacing.

Besides massage and loosening of the corset, an ointment of the iodide of lead and in some cases the administration of bromide of potassium will soon bring about a cure and a disappearance of the tumor. It is just here that unscrupulous operators remove the tumor or perhaps the breast in order to get the credit of curing a cancer.

* * *

Treatment of Hydrocele. — The classical treatment of hydrocele, says the *Denver Medical Times*, puncture and injection of tincture of iodine or some other irritating liquid, has been rendered much more simple by a surgeon who has published the result of several cases cured rapidly by the method. He inserts the trocar into the most dependent part of the tumor and removes the liquid; he then injects a five per cent. solution of carbolic acid, which is removed almost immediately. The trocar is introduced a second time into the canula, and pushing it up toward the highest point a counter-opening is made. The trocar is again withdrawn, and a drainage tube is passed through the canula and left in position, the canula being removed. The patient can immediately get up and walk about. The drain is withdrawn on the fourth day, and in a week the man is cured.

* * *

Exsiccative Diet in Ascites.—N. Finsen, in the *Universal Medical Magazine*, recommends this method of treatment. He himself found relief after a few days' restriction, taking only 400 or 500 grammes (about a pint) of fluids daily. The urine increased in quantity and symptoms of oppression disappeared.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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SEE PUBLISHERS' DEPARTMENT, PAGE 443.

BALTIMORE, MARCH 30, 1895.

THE report of the special committee on permanent location of the State Society was received by a large number of the profession at a special meeting of the Faculty called for that purpose. The question of a home for the State Society and the library has been agitated for many years and all moves heretofore have not been for the good of the Faculty.

Permanent Home for the Faculty.

Several failures are recorded but they were in years past, when the conditions were different from the present times and when the Faculty had not one-half the members that are now on its roll.

The selection of a dwelling to be remodeled is not an ideal conclusion but would be vastly superior to the present dingy, musty, uninhabitable home and any change that will be made cannot but be for the better.

The only proper way to arrange the whole matter is to divorce the State Society from the library and form a library association for the city physicians and all others who care to join it, charging a good fee for these privileges, while the State Society need only charge one dollar for annual dues for all in the cities and State alike. However, the move has been decided on and it is one which a good committee recommended and the majority of members present sanctioned.

What the future in this work may bring forth cannot be told now, but it is certain that the library will be much more attractive in its new home and will enlist a large number of new members even if it is only on account of the novelty and the various improvements suggested. It will be a semi-club, where members may read, talk, smoke and sit, and the room will be open all day long until late at night.

* * *

IN these days of preventive medicine and treatment by natural means, the exactness of prescribing diet should be considered very important by the physician. That it is not so is well-known and the importance of this branch of therapeutics is pointed out by Dr. L. P. Gibson of Little Rock, Arkansas, in the *Journal of the Arkansas Medical Society*.

Prescribing Diet.

Physicians write out carefully prepared prescriptions and rarely think of leaving verbal directions as to the drug ordered or the manner of its administration, but in the use of food as medicine they order, in a general and careless way, almost anything, with little reference to the weak state of the patient.

Now, it is just as important and often more so to carefully prescribe a diet in treating a case as it is to order drugs and write prescriptions. Many a patient, particularly in the convalescing stages of the disease, receives all sorts of indigestible dishes from well-meaning but misguided friends, and patients are sometimes starved, because the attendants do not give the right kind of food.

It is said that a good nurse should also be a good cook; much more, then, should a physician have some practical ideas on cooking. It is said that some successful physicians can prepare as dainty a dish as the most skillful cook. In the serious stages of a disease when there is much fever and great weakness, the food given should be very simple in character, easily digestible and often administered, but in convalescence when the patient begins to crave food, then the knowledge and care in

prescribing diet with exactness is absolutely necessary.

* * *

The Physician and the Bicycle.

THE bicycle is an old story but some still consider it an undignified means of transportation, or even dangerous and unhealthy. Dr. John B. Richardson of Louisville has written a most sensible article in the *Medical Record* on the use of the bicycle from a professional standpoint in which he takes a very moderate and conservative view of the subject and in no way shows himself to be a prejudiced enthusiast.

Driving not only allows too little exercise but is too often the cause of indigestion, sleeplessness and many other disorders due to lack of exercise ; while walking is too slow for a man in a hurry. The happy medium seems to be a wheel.

Great care is necessary to have a machine that is suitable to the individual rider. The handles must be in the right place and not so low that stooping is necessary ; the saddle requires especial attention, as an ill-fitting saddle or one at a wrong angle causes great discomfort and soon wearies. In some diseases of the genito-urinary organs and in a few other affections the use of the wheel is contraindicated.

Avoid riding like a jack-knife or indulging in too many spurts. In riding up-hill mouth breathing may be necessary, but in general the mouth should be closed and long distance runs can only do harm. The pedals should be far enough away to make the rider stretch his legs out to full length while riding and the erect position is the most healthful. Dr. Richardson sums up as follows :

Rapid riding, or riding long distances at a rapid rate, is injurious in many ways to every rider, unless gradual and careful training has been gone through with that object. Gentle and moderate bicycle-riding increases vitality ; improves and enlarges lung and breathing capacity ; develops the muscular (general) as well as special systems or sets, as also the heart's power ; increases appetite and powers of digestion and assimilation, thereby adding to capacity for life and increased longevity ; stimulates action of skin, and thereby eliminates more rapidly and perfectly effete materials from the system, thus aiding the kidneys when they are temporarily unable to perform their functions perfectly, or are organically diseased ; is an excellent means for mental and physical diversion ; causes many indolent persons and those who lead sedentary lives to exercise more freely, being pleasurable and easy to take after mastering the machine ; is one of our best simple measures in the treatment of cases of insomnia, and last, but not least, is an agent in the moral culture of individuals in pleasurably diverting their minds and meeting their demands for occupation, thus answering the place of saloons, beer-gardens, and other similar places where companionship is sought.

* * *

Registration of Syphilitics.

REGISTRATION is the order of the day in medicine. It has been proposed to register all consumptives ; all acute contagious diseases are reported by the physician or householder with some exceptions, and here again it is proposed by Dr. F. B. Maine in the *American Medico-Surgical Bulletin* to register all syphilitics.

How such a plan can be made feasible in this free country is hard to see. In continental countries a very sensible plan is adopted of compelling all public prostitutes to be examined two or three times a week and to be duly registered and deprived of their calling if a venereal disease be found, but the proposition to register all of both sexes whether the disease be acquired in one or another way seems almost beyond the realm of possibility.

What is to be gained by the registration of all syphilitics is hard to be seen, for suppose a man or woman is known to have had syphilis some time during the course of a long existence, how will the fact of registration have a restraining effect on any act and who is it who will scan the morning papers to see who are the most recently enrolled in the syphilized army. The proper way is to register all prostitutes, whether public or private, as far as they can be reached and then by putting all diseased ones into a special hospital until the period of contagion is passed, or compelling them to stop their avocation altogether, would soon check the spread of the disgraceful venereal diseases.

General registration is Utopian and impracticable and even if Dr. Maine congratulates himself that he is the first one to open this subject in his State, he will find out that registration will be observed more in the breach than in the observance.

MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending March 23, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		26
Phthisis Pulmonalis		22
Measles	11	
Whooping Cough	2	
Pseudo-membranous Croup and Diphtheria.	8	5
Mumps	1	
Scarlet fever	17	
Varioloid		
Varicella	2	
Typhoid fever		

Between February 1 and March 8 there have been 82 cases of smallpox at Hot Springs, with 14 deaths.

The *Annales d'Oculistique* now appears also in an English edition, under the direction of the American editor, Dr. George T. Stevens of New York.

The Committee on Permanent Location has selected the house on Hamilton Terrace suggested by Dr. S. K. Merrick and are arranging for the transfer.

Dr. E. N. Brush and the Sheppard Asylum will give a reception and a fête champêtre to the delegates of the American Medical Association and their families.

In the Section on Ophthalmology the following will present papers and take part in the discussions. Drs. Herbert Harlan, Hiram Woods, S. Theobald, Harry Friedenwald and R. L. Randolph.

The following are to deliver addresses at the meeting of the American Medical Association: On General Medicine, Dr. William E. Quine, Chicago, Ill.; on General Surgery, Dr. C. A. Wheaton, St. Paul, Minn.; on State Medicine, Dr. H. D. Holton, Brattleboro, Vt.

Owing to press of private practice, Dr. Leartus Connor has resigned as editor of the *American Lancet* over which he has presided honorably and faithfully for so many years and the *Lancet* at the same time ceases to be published. Mr. George S. Davis, the publisher of the *American Lancet*, will issue a new journal at Chicago.

At a public meeting held under the auspices of the Arundel Club of Baltimore last week, the subjects of food and health were considered and addresses were made by Dr. William H. Welch on "Food in its Hygienic Relations" and by Mrs. Ellen Richards of the Massachusetts Institute of Technology, Boston, on "Some Aspects of Family and Institutional Food."

At the next meeting of the Clinical Society of Maryland, to be held Friday, April 5, the special subject for discussion will be "How to make the Maryland Medical Law efficient." The Committee, which has been studying the question for several weeks past, will be ready to report at that time, and it is hoped there will be a full attendance so that united action may be had upon the part of the profession.

At a meeting of the executive committee of Johns Hopkins Hospital Dr. H. C. Parsons was appointed assistant resident physician, and Dr. Theobald Coleman assistant resident surgeon. Dr. Parsons was transferred from the surgical to the medical department to fill the vacancy caused by the retirement of Dr. Rupert Norton, who has gone abroad. Dr. Coleman takes Dr. Parsons' place in the surgical department.

Dr. G. Lane Taneyhill, the treasurer of the late Baltimore Academy of Medicine, has sent out the following circular to all members of that society who were in good standing at the time of the dissolution of the Academy: "At the last meeting of the Baltimore Academy of Medicine held late in 1894, it was unanimously decided, on account of the increased number of Medical Societies in this city, to dissolve this Academy; and the treasurer was directed to procure a suitable box and place the archives of the Academy therein and deposit it in the Library of the Medical and Chirurgical Faculty of Maryland and having paid the small bills incurred in executing these orders, including the printing and mailing of this notice, to equally divide the money remaing in the treasury among the members in good standing at the last regular meeting of the Academy, and in case of the death of any member since the last regular meeting the amount due said member was ordered to be paid to his legal representative.

WASHINGTON NOTES.

The regular meeting of the Clinico-Pathological Society was held on Tuesday night, March 19, the President, Dr. W. M. Sprigg, in the chair. Two papers were read, one by Dr. Mackall on "Neuro-Sarcoma, Case and Specimen," which was discussed by Dr. Taliaferro Clark; another by Dr Kelly, entitled "Pus in the Pelvis," which was discussed by Drs. T. R. Stone, Van Rensselaer and others.

Dr. Larkin W. Glazebrook presented about 30 hepatic calculi, that had been removed from a patient post-mortem.

Dr. Taliaferro Clark presented a specimen of cancer of the stomach, which was submitted to the Committee on Microscopy.

The Medical Society of the District of Columbia held its regular weekly meeting on Wednesday night, March 20, the President, Dr. S. C. Busey, in the chair. Dr. G. N. Acker read a paper entitled "Intubation for Pharyngeal Diphtheria." This paper was discussed by Drs. C. W. Richardson, J. Ford Thompson and W. W. Johnston. Dr. I. S. Stone read a paper on "Practical Massage." Dr. W. W. Johnston opened the discussion, The President called on Dr. A. R. Shands to give his views on this subject from the orthopedic surgeon's standpoint, but he had had no experience with it.

Considerable interest is being felt here in the establishing of contagious wards in the various hospitals. The Commissioners of the District have requested certain wards at the Freedmen's Hospital for this purpose and are awaiting the reply of the Secretary of the Interior. They have also applied to the Providence and other hospitals. The Mother Superior of the Providence Hospital has kindly consented to use one ward for the reception of contagious diseases, as scarlet fever and diphtheria. A few days since, a poor woman with her child, ill with diphtheria, applied to all the hospitals with her child in her arms, but was refused admission because contagious diseases could not be received. She had been turned out of her dwelling place, because the child had the much dreaded disease. It is to be hoped that some of the hospitals will isolate one or two wards for just such cases as this.

PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending March 25, 1895.

Captain Euclid B. Frick, Assistant Surgeon, will be relieved from duty at Fort Townsend, Washington, to take effect upon the expiration of his present leave of absence and will report for duty at Presidio of San Francisco, California, relieving Captain Charles Willcox, Assistant Surgeon.

Captain Willcox, upon being thus relieved, will report for duty at the United States Military Academy, West Point, New York, relieving First Lieutenant Frederick P. Reynolds, Assistant Surgeon.

Lieutenant Reynolds, on being thus relieved, will report for duty at Fort Sam Houston, Texas.

The leave of absence, on surgeon's certificate of disability, granted First Lieutenant Alexander S. Porter, Assistant Surgeon, is extended four months, on surgeon's certificate of disability.

The leave of absence for seven days, granted Major Philip F. Harvey, Assistant Surgeon, is extended twenty-one days.

UNITED STATES NAVY.

Week ending March 23, 1895.

Medical Director Michael Bradley ordered before Retiring Board March 20.

F. A. Hesler, Passed Assistant Surgeon, ordered to the United States Ship "Philadelphia."

R. P. Crandall, Passed Assistant Surgeon, detached from the United States Ship "Philadelphia," ordered home and granted three months' leave of absence.

BOOK REVIEWS.

RELATIONS OF DISEASES OF THE EYE TO GENERAL DISEASES. By Max Knies, Professor Extraordinary at the University of Freiburg. Forming a Supplementary Volume to every Manual and Text-Book of Practical Medicine and Ophthalmology. Edited by Henry D. Noyes, A. M., M. D., Professor of Ophthalmology and Otology in Bellevue Hospital Medical College, etc. New York: William Wood & Co., 1895. Pp. x—467. Price, $4.25.

Dr. Noyes has added a valuable book to the English works on ophthalmology by "presenting this treatise of Professor Knies in an English dress." As he says in the editor's preface, the book is serviceable to the general practitioner or specialist in departments other

than ophthalmology by giving him the ocular symptoms of various diseases and to the oculist because it points out how "local disease may depend upon and be the signal of a lesion of some remote organ or of a constitutional affection."

More than half of the book is devoted to the relation between the eye and the general nervous system. In discussing "neuro-paralytic keratitis," the author thinks there are no special trophic corneal nerves, but that the corneal neurosis is "an infectious inflammation resulting from a traumatic loss of substance in the cornea and which runs a peculiar course on account of the interruption to conduction in the centripetal nerve tracts." The nerve lesion, it is stated, must be peripheral. An infection is necessary. The insensibility of the cornea so alters the vascular changes (which usually follow corneal irritation) in the eye structures upon which the cornea depends for nourishment, that repair is impossible. In this part of the book one finds many interesting explanations of clinical observations. In other chapters, diseases of other organs are discussed and many cases cited showing the clinical relation between the organs and the eye. An explanation is not always given. Throughout, the book is instructive and suggestive. It contains much that is new and results of recent physiological experiments.

REPRINTS, ETC., RECEIVED.

Deformities of the Face and Orthopedics. By Frank L. R. Tetamore, M. D., New York. Reprint from *The New England Medical Magazine.*

The Work of the Gynecological Clinic of the Hospital of the University of Pennsylvania, 1893–1894. By Charles B. Penrose, M. D. Reprint from the *University Medical Magazine.*

The Practical Examination of Railway Employes as to Color-Blindness, Acuteness of Vision and Hearing. By William Thomson, M. D., Philadelphia. Reprint from the *Medical News.*

Intraligamentous and Retroperitoneal Tumors of the Uterus and its Adnexa. By William T. Wathen, A. M., M. D., Louisville. Reprint from *The Transactions of the American Gynecological Society.*

CURRENT EDITORIAL COMMENT.

OUR MATERIA MEDICA.

Medical Record.

We have too many drugs, too many preparations of drugs, and too much teaching of materia medica. This leads to evils in many directions. The druggist is obliged to encumber himself with much useless and expensive material; the student has to load his already overburdened memory with a mass of useless botanical or pharmaceutical facts, and the practitioner is so embarrassed with his richness of material that he speedily forgets a large part of his materia medica.

PHYSICIANS' DUTY.

Atlantic Medical Weekly.

It is the duty of every physician, at all times and in all places, to do what he can to alleviate the sufferings of his fellow men. No matter who the sufferer may be, if he be the hardest criminal on the face of the globe, no matter under what circumstances the suffering may occur, whether it be in the bed-chamber of his most intimate friend, or at the execution of the most inhuman murderer, it is his duty to do everything in his power to prevent any and all unnecessary suffering, and every true and loyal physician will do so. To such a man the profession will always extend its fellowship.

DEARTH OF AMERICAN OBSTETRICIANS.

New York Journal of Gynecology.

It is a decided anomaly as well as a paradox that almost all obstetricians in this country are either general practitioners of medicine or gynecologists; at least these are the names they seem anxious to be called by. If a man has surgical knowledge, or is ambitious in that direction, and has, in addition, a well-deserved reputation for obstetric experience, he submits to his reputation but calls himself a gynecologist. Another, if he be willing to acknowledge no special training or capacity in practical surgery—and few indeed there are of these—will pose as a general practitioner and rely on consultation for operative assistance. But none of them will call themselves that which they are in fact—specialists in a science which their large experience, hard work and accepted writings prove they know most about. Why this is so we are at a loss to explain; and moreover we do not like it.

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NOTES.

MELACHOL is an efficient and painless laxative.

*

SALOL should not be used when acute renal inflammation exists.

*

PEPTO-MANGAN is a powerful blood producer and a valuable tonic.

*

HYOSCYAMINE gives excellent results in mercurial trembling.

*

THE *danse du ventre* has been prescribed by a French physician for constipation.

*

COLD bath treatment has been employed in pregnant women who have been attacked with enteric fever, without any bad results.

*

IT should be remembered that salol is a salicylate of phenol and contains 40 per cent. of carbolic acid. Toxic effects have followed its careless administration.

*

CALCIUM borate, which is obtained by mixing a solution of borax with one of calcium chloride, is an excellent dusting powder in eczema and may be given internally in infantile diarrhea.

*

HYPODERMATIC injections of ergot are best given deeply. This reduces to a minimum the liability to abscess or inflammation and prevents, in a measure, the unsightly discoloration that so often follows such injections.

PHARMACEUTICAL.

GOOD CLINICAL RESULTS.—Office of Secretary of Iowa State Medical Society, Dr. J. W. Cokenower, Secretary, Des Moines, Iowa, November 17, 1894.—Walker-Green Pharmaceutical Co.: I am glad to say that your pharmaceutical preparations furnished Mercy Hospital have given decided satisfaction and good clinical results. J. W. Cokenower, M. D., Attending Physician, Mercy Hospital, Des Moines, Iowa.

KENNEDY'S Extract of Pinus Canadensis, which is now made by the Rio Chemical Co., of St. Louis, has long been known in this country, chiefly from the endorsement it received from the late Dr. Marion Sims, as an efficient astringent and alterative when applied to mucous surfaces. It now seems to be coming into extensive use in England, where many medical men have reported excellent results with it in various catarrhal difficulties.

ANTIKAMNIA CHEMICAL CO. Gentlemen: I desire to thank you for samples of the drug, often but poorly imitated, made by your firm and known as "Antikamnia." The adoption of the monogram on the new tablets and the recall of all the old stock from the market will prove of benefit to you and the many physicians who may hereafter desire to afford relief by its use. Yours respectfully, C. E. Postley, M. D., 1429 11th St., N. W., Washington, D. C.

KOLA is not a new drug, and the reputation it bears in Africa as a tonic stimulant is certainly marvelous. The wonderful reports of Kola in that country, however, are based upon experience in using the fresh (undried) nuts, and until physicians are enabled to obtain a preparation which is made from the fresh nuts, and contains the particular properties of the fresh nuts unimpaired, Kola will not be as favorably known in the United States as its native reputation would warrant. Messrs. F. Stearns & Co., Detroit, Mich., many months ago imported a large quantity of the fresh nuts from Africa, with which they have carefully experimented until they have at last prepared a Wine of Kola, which truly presents the fresh (undried) Kola nuts in a palatable and easily administered form. This preparation is "Kolavin." It is deli-

cious in taste, and each tablespoonful dose represents thirty grains of fresh (undried) Kola. "Kolavin" is highly recommended in the treatment of nervous exhaustion, atonic dyspepsia, malancholia, various diseases of the heart, asthma, sick headache, sea-sickness and chronic alcoholism. Physicians desirous of testing this new product can easily obtain samples and literature on application.

Messrs. Schulze-Berge & Koechl announce that on and after April 1 they will again reduce the price of Diphtheria Antitoxin (Behring) as follows: No. 0, yellow label, 200 Antitoxin Units, 60 cents; No. 1, green label, 600 Antitoxin Units, $1.50; No. 2, white label, 1000 Antitoxin Units, $2.75; No. 3, red label, 1500 Antitoxin Units, $3.75. Supplied direct upon receipt of price.

In these days of improvement and constant surprises in the way of new inventions, it is rather strong language to say when anything appears that "there is nothing better," but for certain affections, Antikamnia, with its various combinations, appears to give perfect satisfaction, as the following communications indicate:

L. E. Spear, M. D., Shirley, Ill.—"I have been prescribing Antikamnia and its combinations for more than six years. I find them superior to all other medicines as a succedaneum for opium."

Mark Rowe, M. D., Redmon, Ill.—"Antikamnia, thoroughly understood and properly administered, is a medicine that has few equals. The cost is so trifling that I have no desire to experiment with cheap mixtures."

Forced Feeding in Consumption.—Ever since Dujardin-Beaumetz recorded his observations on forced feeding or gavage, its importance has been generally recognized by the medical profession. Unfortunately, to force food down a man's throat does not insure its digestion and consequent absorption. If we would supply the waste of this dread disease we must go a step further, and it is a recognition of this fact which has attracted so much attention to the subject of artificial digestion. Once digest food, whether in the body or outside of it, and Nature will look after its proper disposition. Artificially digested foods have not up to the present time been a success, for the simple reason that they are unpalatable, but in Paskola, which is now being so extensively advertised to the medical profession, this objection has been entirely overcome. The wasting consumptive needs fat, and as we all know, starch is the natural source of this component of the animal economy. If evidence in support of such a statement were needed, we have only to look at the corn-fed hog. It was this that led the manufacturers of Paskola to adopt a pure form of artificially digested starch as the basis of their preparation. Not only is Paskola a fattening food, the assimilation of which is assured, but it contains a physiological proportion of hydrochloric acid, and a combination of digestive ferments that insure the digestion of proteid or meaty foods taken in conjunction with it. Therefore Paskola, with a diet of rare meat, eggs and similar articles rich in nitrogen, constitutes the ideal food for the consumptive. It is so very palatable that the weakest stomachs receive and tolerate it without inconvenience, and its administration is almost invariably followed by a marked increase in weight and appetite. The Pre-Digested Food Co. have such unbounded confidence in the product that they liberally offer to send a sample, express prepaid, to any physician who may request it. —Reprinted from the *Daily Lancet.*

FACTS FOR THE TRAVELER.

There is no more ideal route in all particulars than the Chesapeake and Ohio of today. Every one who samples its scenery and service becomes an enthusiastic advertiser and its fame is multiplying accordingly. The scenery through the Allegheny Mountains and the New River canons, as viewed from the observation car, affords sublimities of nature nowhere equaled east of the Rocky Mountains. The F. F. V. Limited, its star train, which runs solid between New York and Cincinnati, via Philadelphia, Baltimore and Washington, with Louisville sleeper attached, is without a rival in those details which contribute to the sum of pleasure and comfort. A track, rockballasted and laid with heavy steel rails; bridges and culverts built of iron and stone; splendid new equipment, and the best block system known, assure almost absolute safety in the running of trains. Travelers between the East and the West will make no mistake in asking for tickets via the C. & O. Route.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

VOL. XXXII.—No. 25. BALTIMORE, APRIL 6, 1895. WHOLE No. 732

ORIGINAL ARTICLES.

THE RELATION BETWEEN EYE DISEASES AND NASAL ABNORMALITIES.

By Hiram Woods, M. D.,

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IN Burnett's "System of Diseases of the Ear, Nose and Throat," Dr. George M. Gould has a chapter on "Diseases of the Eye Dependent upon Diseases of the Nose." He opens as follows: "Unless very well bred, close neighbors are apt to develop considerable friction in their domestic relations, and this is especially true if the boundaries of their respective lots are not well determined. . . . If a house-drain empty into the other's garden, good fellowship is almost certain to be disturbed." Apparently the one more apt to be annoyed would be the owner of the garden. If, however, he were not over careful about its cultivation, nor particularly cleanly in his domestic habits, he might not suffer much inconvenience. Indeed, the drain might be an advantage for watering purposes. Moreover, if his neighbor were a sensitive, high-strung mortal, he could make the drain a source of annoyance.

Give him, in addition, connection with the water-main supplying the premises, and with their chief sewer, also access to electric wires of various kinds, which the refined individual needed in his style of living, he could get more than even for the drain into the garden. To a certain extent, this domestic picture has a parallel in the relations of the eye and nose.

There is the direct connection between the conjunctiva and nose by the lachrymal duct. The nasal arterial supply is largely derived from the ethmoidal arteries, branches of the ophthalmic, which latter gives the eye all its nourishment. The ethmoidal cells and frontal sinus receive their supply from these arteries. One of the divisions of the venous circulation follows the course of the ethmoidal arteries and empties into the ophthalmic vein. This venous connection has, possibly, an important bearing upon a case to be presently narrated.

The nerve supply of the nasal cavities and eye is derived largely from the same source. The nasal branch of the ophthalmic division of the fifth supplies most of the nasal structures, and is, at the same time, the source of sensory nerve supply for all the ocular structures except the lachrymal gland and parts of the conjunctiva and lid integuments supplied by the lachrymal nerve. The long ciliary nerves to the iris and ciliary bodies are its direct branches, while the short ciliary nerves to the same structures come from the ciliary ganglion whose sensory root is from the nasal. By its infratrochlear branch, uniting with the supratrochlear from the frontal, the lachrymal sac, lid integument, and conjunctiva are innervated, while the cornea has a rich supply from the ciliary and conjunctival nerves. Finally, mention must

be made of Meckel's ganglion, whose branches of distribution go to the nose, soft palate and tonsils, and into the orbit, where different observers have traced them to the ciliary ganglion, optic and abducens nerves, and periosteum.

Gould gives a classification of eye diseases dependent upon nasal conditions, admitting that it is little more than a record of reported cases. He thinks they fall more or less naturally into these subdivisions.

1. Pathological conditions resulting from congenital or developmental abnormalism. Here he notes malformations of the pneumatic spaces, reducing or increasing the distance between the eyes, and so affecting muscular action; asymmetrical development of the ethmoid cells, with unequal distances between the median line and each pupil ; congenital closure of the lachrymal duct, etc.

2. Mechanical intermediation. Turbinated hypertrophies, polypi, sphenoidal and ethmoidal tumors, empyema of the accessory sinuses suggest themselves.

3. Passage of morbific material through the lachrymal canal.

4. Extension by direct continuity of tissue.

5. Neuroses. To these he adds a class of doubtful cases, in which the pathological relation is obscure.

Diagnosis of dependence of an eye disturbance upon a nasal condition can be made only when the former appears soon after the latter, or disappears only after the nasal condition has been remedied. Even then, one must bear in mind the possibility of lesions in each organ being due to a constitutional taint, and improvement in the eye being the result not of local treatment to the nose, but of the systemic remedies employed. While I have personally not met with many such cases, I am satisfied that the connection between the nose and eye is of great clinical importance. Five years ago I had a patient who lost the sight of one eye through operation for disease of the frontal sinus. A gentleman, 46 years of age, from whose nostrils several polypi had been removed before he came under my care, consulted me on account of a purulent discharge from each punctum. Over the right lachrymal sac was a swelling, pressure upon which caused fetid pus to exude from a sinus at the inner angle of the left upper lid. After the splitting of each punctum water injected into one flowed freely from the other, always preceded by fetid pus. The case seemed one of necrosis of the frontal and ethmoidal sinuses, and I referred the patient to my friend, Dr. Randolph Winslow, for operation. Dr. Winslow opened the frontal sinus, I believe, and found a necrotic cavity occupying the whole upper nose. The inner right orbital wall was necrotic, and a part of it was chiseled away. A few hours after the operation the patient stated that he had lost the sight of the right eye. There was no pain, exophthalmos, nor sign of orbital inflammation.

Hoping the case might be one of hemorrhage into the orbit, and so the production of sudden pressure on the nerve, although the ophthalmoscope gave no evidence of pressure, we opened the orbital fascia, but without result. Slowly the nerve became atrophic. The cause is conjectural. Thrombosis is possible ; but thrombosis of the ophthalmic vein ought to have caused other symptoms. Traumatism to the nerve from a spicule of bone or other cause is conceivable. Two years later I found the nerve atrophied, but no explanation of the sudden blindness had developed.

The importance of noting the condition of the lachrymal duct before operating upon the eye has been long established. Mucocoele, abscess of the sac or simple stricture of the canal, with consequent epiphora, are recognized contraindications to the performance of grave operations.

More recently, authors have urged the possibility of organisms passing from the nose to the eye through a lachrymal duct showing no evidence of disease. Gould speaks of the nose as "a half-way house" in the infection of an eye by gonorrheal ophthalmia in its fellow, although every protective precaution is taken. He mentions the possibility of direct transmission by the hand of gon-

orrheal pus to the nose and passage of organisms through the canal to the conjunctiva. He quotes Bucklin's contention that trachoma often relapses, in spite of apparent cure by local treatment and his suggestion that infecting organisms may remain in the nostrils and produce reinfection. The only case of cataract extraction it has been my misfortune to lose by suppuration was an old man whose cornea showed small central opacities, sequels of ulcers, and in whom the only contraindication was a foul breath. There was no disease of the duct nor any necrosis, so far as I could see, in the nose, though a number of scabs were visible in the middle meatus. Every care was taken to avoid infection from without. The operation was uncomplicated, but in forty-eight hours the cornea was a slough.

I remember a little girl with trachoma at the hospital some time ago upon whom I operated three times with the roller forceps with excellent results. Twice there was a relapse. The child was also treated for hypertrophied nasal disease. How much the cure of the latter had to do with the final cure of the trachoma is hard to say. Another case, which has always puzzled me, may have its solution in the nasal infection. A man with right gonorrheal ophthalmia, and gonorrhea, went home after four weeks' sojourn in the city, apparently cured of both. In two weeks he was back with a relapse of the ophthalmia, and the cornea half destroyed by purulent infection. There was no evidence of urethral disease, though this is no proof that reinfection from the urethra was impossible.

No one, accustomed to observing eye-diseases, can have failed to notice the nearly constant presence of a vesicular or pustular eruption on the upper lip of children afflicted with phlyctenular ophthalmia or corneal ulcers. There is usually also an acrid nasal discharge, with embarrassed nasal respiration. Such is not, as a rule, the condition in interstitial keratitis and other than the phlyctenular form of conjunctivitis. Again, relapses are frequent. Since my attention was first called to the intimate association of certain ocular and nasal diseases, I have been struck with the benefit these little patients seem to receive from a good cleaning of the nose. They get well sooner and seem to stay well. Turbinated hypertrophies and post-nasal vegetations are constantly found. I have never split the canaliculus and washed out the canal for this disease, though I know that such is the common practice of some surgeons; but it seems to me a matter of great importance to clean thoroughly the nostrils with an alkaline or peroxide of hydrogen solution, and possibly to pass through them a probe armed with cotton carrying an antiseptic wash or ointment, or the compound tincture of benzoin, as suggested by Dr. Ziegler (*New York Medical Journal*, November 3, 1894). As the catarrhal condition improves, the ophthalmia heals.

It is not necessary to remove the hypertrophies or adenoids to effect a cure of the eye lesion. One recalls here the rarity of phlyctenular disease and its frequent sequel, corneal ulcer, in the well-fed and clothed children of private practice, though nasal hypertrophies are common enough. Phlyctenular disease is confined almost entirely to the scrofulous or poorly nourished children of the dispensary. It is not definitely known that it is an infectious disease. The eye and nose lesions may be manifestations of the same constitutional defect; but the improvement in the eye as soon as the nose is clean makes it probable that the constitutional defect lessens powers of resistance, infection follows, and the nose and nasal duct become store-houses from which the eye is constantly reinfected. To quote cases illustrating clinically the connection between this form of eye disease and nasal catarrh would be only to repeat daily experience at an eye hospital.

The intimate nervous connection between the nose and eye makes inter-dependent neurosis probable. In Burnett's System, Dr. Joseph A. White writes of the nasal and naso-pharyngeal neurosis. The course, he thinks, is along the sen-

sory nerves of the irritated nose area to the nearest ganglion, thence by reflex action, if the ganglion itself fails to offer normal resistance, to some associated vascular area. Direct nerve connection, as exists in case of the 5th, doubtless has something to do with the neuralgias observed. In Dr. Gould's paper it is stated that in refraction or muscular errors, asthenopia is sometimes confined to the side of a nasal lesion.

Not long since, a lady whose refraction in each eye required a + 0.75 cylinder, axis 90°, gave as her chief symptom "pain in the left eye from catarrh of the left nostril." She explained this by saying that she "took cold" easily, the "cold always settled in the left nostril," and then her left eye pained. Nasal respiration was free on the right side. On the left it was embarrassed by a large inferior turbinated hypertrophy and deviated septum. Tinnitus was occasional in the left ear. Conversation was easily carried on, save when she had a cold. My watch was heard at 30 inches ($\frac{30}{48}$). The correction of the refraction error was ordered, and left nasal respiration made possible by the cautery. One cannot say that the astigmatism was not the sole cause of the asthenopia. The error she had is sometimes easily borne, and again causes trouble. The history was suggestive, however, of nasal origin. I know of another case, a gentleman with astigmatism and a low degree of external insufficiency left after an operation for a much higher degree, who is, as a rule, able to use his eyes all he desires, but who now and then suffers from severe right eye and nose pains. The left side does not worry him, though each eye has an equal share in the muscular error, and the astigmatism of the left is of a kind more apt to cause pain than that of the right. The only explanation I can find is a large thickening and deviation of the septum into the right nostril, sometimes meeting the turbinated. A head cold is sure to make his right eye pain. Again, one occasionally finds neuralgic nose pains relieved by astigmatic glasses. I have seen several such cases.

Vasomotor neuroses require the presence of vasomotor nerves, *i. e.*, transference of the irritation through a ganglion. Among the neuroses of this kind observed in the eye are lachrymation, always present in nose colds and not always attributable to mechanical obstruction; the same phenomenon as a result of irritating the turbinated; repeated conjunctival and ciliary hyperemia; edema of the lids and recurrent iritis. The latter I have not observed. A case of recurrent conjunctivitis, for which no ocular cause was found, and which I failed to relieve, was referred some time since to my friend, Dr. Richard H. Thomas, for nose examination. Cauterization of the anterior lower and middle turbinated was followed by prompt and permanent relief. Last fall I removed hypertrophied tonsils from a child's throat for the same trouble. In a week his eyes cleared and have remained so though conjunctival hyperemia had resisted local treatment for two months. The child's history indicates that these attacks have been worse in the summer for four years; so a little time is necessary to prove the etiology of the conjunctivitis.

Nasal neuroses from ocular disease are not common. Sneezing on exposure to light has been often observed. Recently I have had under my care a boy with interstial keratitis who sneezed whenever the eye was examined, and stated that since his eye had been sore, sneezing had been frequent. Hypersecretive nasal catarrh has been thought due to ametropia, but I have never seen anything of this kind.

Of course, such interdependent maladies as have been narrated are of comparatively rare occurrence. The co-existence of ocular and nasal lesions by no means proves causative relation. In some of the reported cases one cannot resist the conclusion that the writer has fallen into this error; but, even then, the relation has been made out clearly enough to demand a careful examination of the other in obscure disease of either organ.

APPENDICITIS.

Clinical Lecture Given at the Woman's Medical College, March 9, 1895.

By Charles O'Donovan, M. D.,
Baltimore.

I WISH today to call your attention to a disease that belongs rather to the chair of surgery, but which has also, in my opinion, a medical aspect and may be lectured upon in a clinic on children, since we have before us a child who presents a typical history of appendicitis.

This child is now about thirteen years old and has been perfectly healthy in every way, except for occasional attacks of constipation; she eats heartily of everything that a child is fond of and occasionally, child-like, will over-eat herself and bring on an attack of acute indigestion. Last summer she suffered from one such attack, much more severe than any which she had formerly experienced, so severe, indeed, that she had a great deal of very acute pain, referred principally to the right iliac region, with obstinate constipation and vomiting. The parents of the child brought her to this dispensary and she was given an active cathartic, which relieved her bowels and the trouble broke up quite promptly.

No notice seems to have been taken of the condition of her appendix at the time, or if it was observed nothing was entered in the case book, but guided by the light of subsequent experience, we may now very readily and properly conclude that this was a mild appendicitis. Since then she has been well, going to school and leading a child's usual life.

Three days ago, while returning from school, a boy in play tripped her up and she fell face forward over a doorstep, striking herself across the abdomen and causing some shock and quite a good deal of pain in the lower part of the abdomen. As might be expected of a child, she paid very little attention to this, but noticed that the pain, instead of diminishing, grew more and more intense as time elapsed. She was constipated at the time and continued so, making, however, several efforts at stool and each of these increased the pain and seemed to localize it more directly in the right groin.

After twenty-four hours the pain in the side became so severe that it would cause her to cry out, and vomiting, a new symptom, made its appearance. This was allowed to go on without any attention for nearly a day, the condition of the child, meanwhile, gradually growing worse; the grandmother, who is with the child, says that about this time she became very feverish, but this need not be relied upon for accuracy. However, the child grew worse, much worse, until yesterday afternoon, when, if the history given goes for anything at all, she seemed quite ill. It was then evident to the ignorant parents that something more than mere waiting was required of them and by a happy inspiration they were led to give her a full dose of castor oil.

I think that they could have chosen no better purgative for such a case if the stomach could retain it and pass it on into the bowels. For such cases I consider castor oil by far the best laxative to begin with; it seems to have a peculiarly delicate and insinuating action that will overcome obstructions and remove hardened fecal matter with great facility and usually with little or no pain, the great difficulty being the nauseating dose that it makes unless properly administered. This may be avoided by giving it in orange juice; let a little orange juice be squeezed into a small glass, what is called a whiskey glass being the best for the purpose, just enough to make one swallow for a child; on top of this two or three teaspoonfuls of oil, and that is enough at a time, may be floated, for the oil readily floats on the juice; now squeeze a little more of the juice on top of the oil to destroy its odor, and the dose is ready. It

is only necessary now to open the mouth wide and take it all down at one gulp and the oil will not be tasted.

Confidence is the essential requisite; once gain that and all will be well. I have in this manner again and again given oil to children without the slightest taste being noticed. Insist upon all of it going down at once and make the child open the mouth well; if any of the oil gets on the lips the experiment will be a miserable failure. In this case I fear no such refined method was used, but the oil was taken and most fortunately retained. The pains continued until sometime during the night, when there was a very copious and offensive movement of the bowels and great relief was experienced. There has been no vomiting since the oil was taken.

This morning the child has continued to grow better, but she still complains of great soreness about the lower portion of the abdomen; she calls it pain, but that is the generic term with children for any discomfort. Let us put her on the table now and see if we can detect any cause for the pains that she has had and the soreness that remains. You will notice at once that she is well developed and well nourished, that the abdomen is full and round. When asked to put her finger upon the spot where she has most pain, she touches just a little below and to the right of the umbilicus, not so far to the right as I should have liked to make out a good case, but it is well to remember that the subjective pains of appendicitis occur in various parts of the abdomen.

Gentle pressure over the abdomen above the umbilicus, now that her timid fears seem calmed, gives no evident pain, nor can we see her flinch from pressure below the umbilicus except upon rather deep pressure in either iliac region, so that the attack cannot have been a very severe one, at least in its after-effects. That something has been wrong here is evident, however, and each of you, if you will kindly make gentle, but firm, pressure just where I have my finger now, can readily detect a small, soft, slightly boggy mass that lies just where a properly constituted appendix should be; and you will notice when I roll it about, ever so gently, with my fingers that a look expressive of pain appears upon the child's face, showing that there is a tender something just here that does not exist in another place, where even deeper and less gentle manipulation excites no comment. An inflamed appendix is not always to be made out as readily as this one, but just at this point pain or tenderness may be elicited by more or less deep pressure, this being the so-called "McBurney's spot," lying midway between the spine of the ilium and the umbilicus. The free end of the erectile and mobile appendix wanders about into various parts of the abdomen that may be within its reach and when inflamed becomes often adherent to the different organs that lie in its path, but invariably this is the spot where tenderness may be most readily felt upon pressure; and if an abscess occurs, either intra- or peri-appendicular, in nine cases out of ten it will lie just in this locality.

There have been reported cases of appendicular abscess in the median line and even on the left side, but for ordinary clinical teaching these abnormalities may be disregarded; they occurred from necrosis of the tip of particularly long appendices that had become adherent in these unusual positions. I shall not enter into a discussion of the causes of appendicitis; that may be safely left to the chair of surgery for full and satisfactory review; but for a few moments let us consider the prognosis and treatment of these cases, for they are liable to occur in your future practice at any time, and may call for very prompt decision as to treatment; whether a surgeon shall be invited to operate at once or a waiting course shall be pursued while medicine is administered and resolution hoped for.

Now I feel sure that the Professor of Surgery has claimed as his own all cases of appendicitis from the time that the diagnosis has been fully established, and has lectured to you upon the folly and extreme danger of waiting. Of course he has impressed upon you the simplicity of the operation as it is done

now, and its very low death rate when done as an operation of election; if he has mentioned the fact that some cases will get over the first attack without surgical interference it was only, I suppose, to remind you that a second and many subsequent attacks would be sure to follow, any of which might cause the death of the patient; or if they did not soon develop they might, as long as the offending appendix remained in the abdomen. I know that he must have spoken this way, because he is a good surgeon and fully believes in his surgical treatment of this disease, but I assure you that there is another side to the question. Just now it is not the popular side of the argument, but there are some of us left who have had experience with appendicitis treated without surgeons, except as a last resort, and who can recollect cases of recovery, yes, of complete recovery, in which the dreaded return has been delayed so long that its painful expectation has been forgotten.

For clinical study, prognosis and treatment it is best to divide appendicitis into groups and look at each separately. Let us mark off first those fulminating cases which run a rapid course with appendicular necrosis and perforation, allowing the contents of the inflamed organ to escape into the peritoneum or into a cavity formed by the agglutinated tissues and inflammatory products surrounding the appendix; these cases belong to the surgeon, and the only hope of saving the patient is by early operation, before the general peritoneum shall have been invaded, for death invariably follows such cases with general septic peritonitis.

A second group is made up of those cases, acute in form, which cause much pain in their development, pain usually paroxysmal in character, felt mostly about or just below the umbilicus, but with great sensitiveness and tenderness on pressure just at McBurney's point; such cases are accompanied usually by flatulence, constipation, nausea as a result of the pains, and often by severe vomiting. There is nearly always a tenseness of the abdominal muscles over the seat of the pain; the temperature may or may not go up, but the pulse will be accelerated and the nervous system will show manifest signs of distress. The large majority of these cases get perfectly well without operation, by strict attention to diet, rest and proper treatment. If the pain is not severe anodynes are not required, but if there is much suffering, which is quite likely, it should be relieved at once by a hypodermic of morphia, to be repeated in half an hour if required. Meanwhile get the patient to bed and keep him perfectly quiet; this is most important. As the bowels will probably be very constipated they should be moved as soon as possible and for this purpose there is nothing better than castor oil, a tablespoonful of which should be given to a grown person, half that much to a child; its action may be assisted by an enema of warm water and soap, which will prove very grateful. This may be repeated several times with benefit, esespecially if the rectal tube be used carrying the water as far up the bowel as possible.

The diet must be strictly limited to small quantities of readily assimilated food such as milk, eggs or broth, with a little soft toast. After the bowels move the pains will subside, then let nature have full control; do not try to keep the bowels running by giving salts or other cathartics; it is unnecessary, and may do great harm by exciting too great peristalsis and thus tear loose limiting adhesions that had formed. Watch your patients carefully; if everything seems to be going well, the soreness consequent to acute imflammation may be soothed by hot poultices laid on over the tender spot, and by large enemata of hot water, keeping the bowels clear and acting as poultices applied internally. Pay great attention to the pulse. If everything is going well the pulse rate will gradually fall until the normal shall have been reached; in these cases I believe that the pulse is far more important than the temperature. A temperature of 101°, or even higher, may be disregarded if the pulse keep good, but a much lower temperature should not

reassure you if the pulse rate is steadily becoming more and more rapid. If this occur you must consider the advisability of operation, so that a pulse of 120 slowly increasing in rapidity should lead you to consult a surgeon; pus is most likely present, filling the center of that lump of agglutinated inflammatory exudate which can so readily be felt in the right iliac region of cases of this class. If the operation has not been too long delayed, until some of the pus has escaped into the general peritoneal cavity, setting up septic peritonitis, a successful result is to be expected.

The technique of the operation has now been so nicely marked out that few cases die after it, and the resulting scar should be strong enough to prevent hernia. This is the great drawback to the operation; too many patients are now suffering from hernia after removal of inflamed appendices that could readily have been cured without resort to operation; far better for them would it have been had the surgeon held his hand and allowed the case to go on without interference. In these acute cases watch your patient carefully, hoping for a good result as long as pain is subsiding and the general condition warrants you in believing that everything is going well; but hold yourself always ready to interfere surgically as soon as things show signs of going badly, not waiting until your patient is in collapse and his life has been sacrificed by your injudicious waste of invaluable time. Convalescence in these cases is usually rapid and with prudence and care in diet and in the avoidance of chill or over-fatigue, should be uninterrupted.

Another class is made of what is called relapsing appendicitis, in which the trouble becomes more or less chronic with varying tendency to reappear for certain causes, such as over-exertion, the ingestion of improper food, exposure to cold, straining at stool and many other causes that might arouse into activity the dormant inflammation. These cases require operation if the frequent returns of appendicitis incapacitate the person suffering, from work, or seem to be so reducing the general health of the individual that he is becoming an invalid.

In these cases the trouble has usually extended quite beyond the appendix, the original seat of the inflammation, and quite a bulk of exudate will be found glued together and covered by the glistening peritoneum; the appendix may indeed have been completely absorbed away, as had occurred in a case that I witnessed a few months ago. The relapses had taken place for several years, eight or ten, I think, and when the operation was done, although careful examination was made and the neoplasm that had replaced the appendix was split up, yet no trace of that organ could be found. That man had lately complained of appendicular pain, which could only be accounted for by referring it to nerve pinching or stretching in this mass of adhesion about the head of the colon. It is quite within the bounds of possibility that any one of the relapses in these cases may lead to an accumulation of pus that may rupture its sac and destroy life by a septic peritonitis. So that it is quite necessary to watch carefully each relapse, and insist upon the general course of treatment pointed out above. It is not likely, however; and the person who carries about with him such a persistent appendicular mass soon learns the limits of his capabilities and carefully abstains from going beyond them. Violent exercise should be avoided, and any straining of the parts about the groin. The diet must be regulated so that food may be readily digested, and anything likely to produce flatulence should be shunned. Each relapse should be treated as the original attack by rest, laxatives in moderation, and restricted diet.

In these cases great relief may be obtained from counter-irritation, best by painting over the inflamed appendix some mixture containing iodine. I consider this method of treatment of great utility in relapsing cases.

From this brief outline you will readily see that appendicitis is quite a complicated disease, often requiring the wisest discrimination in the choice of the proper form of treatment to be in-

stituted; and that often you will be allowed very few hours to make up your mind whether or not an operation is required. I would advise you to incline always to the side of conservatism when it is possible; remember how many ovaries have been unnecessarily removed, and in many cases uselessly, judging by the failure to relieve pain; in like manner we have the authority of Weir Mitchell for the statement that post-operative neuroses sometimes follow appendix removal and are far worse than the chronic trouble for which operation had been done. At present the surgeons have the upper hand, and clamor for the removal of all diseased appendices as soon as the diagnosis is established, but already the pendulum has begun to swing back from this advanced position, and we may hope soon to see the limits of the operation properly defined.

LYMPHADENOMA OR ELEPHANTIASIS.

Read before the Richmond Academy of Medicine and Surgery, February 26, 1895.

By Hugh McGuire, M. D.,
Richmond, Va.

If this disease is seen in its early stages and proper treatment started, it may be relieved, or at least held in check; but, if the trouble has become established, under our present methods little can be accomplished without the aid of the knife. During the inflammatory attacks the patient should be put to bed, hot or cold applications and the usual remedies for inflammatory troubles used. If the fever is high, antithermal agents should be employed. Tonics, such as quinine, iron, cod liver oil and the mineral acids, can be profitably administered; but perhaps the most valuable medicament is iodide of potash. If the patient be living in a tropical country, he should of course be advised to move. After the inflammatory attack has subsided, inunctions of iodine and mercurial ointment should be used to soften the skin and promote absorption. Much good has been done by firmly bandaging the part with a roller, or better still, a rubber bandage. Lately, strong galvanic currents have been highly recommended. Ligation of the main artery of the limb and excision of a section of the sciatic nerve have been tried, and occasionally do good, but neither can be relied upon. In advanced cases of lymphadenoma of the genitals the affected parts should be amputated. Recent authorities also advise removal of large wedges of the affected tissue when the legs are involved. If the patient's condition does not allow removal of all the growth at one sitting, several operations may be done. In the operations the most rigid aseptic precautions are necessary, because of the intimate connection this growth has with the lymphatic system.

Before concluding, I would like to report an interesting case of lymphadenoma which has been under my treatment for some weeks.

L. C., colored, female, aged 20, has lymphadenoma of the lower limbs, the right more than the left. The greatest measurement of the right calf is 33 inches, thigh 35 inches. Both legs are eczematous. Seven years ago the patient suffered pain from ingrowing toenail of the right foot. An eruption started from this, the parts became hot and swollen, and she suffered from severe pain and fever for several days. On an average of once every one or two months she has had acute attacks of the disease and after each the leg has increased in bulk, until now it has reached an enormous size. About three years ago, the left leg became involved and has steadily grown worse. The attacks are more severe in summer, and any unusual amount of work or walking will bring on the trouble, but complete rest of the limb is equally injurious, as there is then an accumulation of lymph in the

parts, causing great tension. Any abrasion of the skin is followed by a discharge of lymph, which gives temporary relief. During attacks, she has sharp shooting pains in the groin and calf, the limbs become stiff, glands swell and there is high fever. This condition lasts for a day or two, then gradually subsides, leaving the limbs larger and the general health impaired. Her legs are now enormous and locomotion is difficult.

In treating her, I have, at Dr. Hunter McGuire's suggestion, departed from the usual method. Three or four times weekly I apply over some of the main lymph channels of the leg a cup-shaped electrode which contains one day a saturated solution of iodide of potash, and the next, tincture of iodine. A galvanic current of seven or eight milliampères is used for cataphoresis. Whether this treatment will give any permanent relief, I am as yet unable to say; but since it was begun, the calf measurement has been reduced from 34 to 33 inches and the patient has passed a longer period without an acute attack than she has known for years. Her general health has been improved by tonics and she is advised to take a moderate amount of exercise.

Leucorrhea in Young Unmarried Women.—In the treatment of leucorrhea in young unmarried women, instances frequently occur in which the usual practice of making an examination to ascertain the condition of the pelvic viscera is so obnoxious to the patient, or is so firmly opposed, that the physician is forced to abandon it, and have recourse to medicine.

In such cases Dr. Slocum (*Cincinnati Lancet-Clinic*) has learned to depend upon the specific action which cantharides appears to exercise upon the cells constituting the genital as well as the urinary system. It is probable by direct stimulation of the cell just to the point of successful resistance that the benefit is secured, as the dose is very small. Strangury, or other unpleasant symptom, has not been produced. The action of the drug has been so uniformly satisfactory that when it fails, such result forms a strong basis for suspecting the presence of something more than simply hyperemia or mild inflammation. Lessening of the discharge is sometimes noted within five days, but in several cases of profuse discharge of four years' and longer duration, the treatment was not successful until after a month's persistent use.

The formula which has seemed the best contains also the tincture of ferric chloride, and dilute phosphoric acid. These, though probably modifying the action of the cantharides, are only adjuvants. Following is the usual form of administration:

Tincture of cantharides, 96 minims.
Tincture ferric chloride, 160 minims.
Dilute phosphoric acid, 160 minims.
Syrup of lemon . . 2 fluid ounces.
Water sufficient to make 4 fluid ounces.

M. Dose.—One teaspoonful, in water, after meals.

* * *

Attractive Medical Societies.—Dr. A. F. F. Kerstan of Arkansas asks in the *Hot Springs Medical Journal* how to make medical societies of more practical value and suggests that they can serve their purpose better:

1. By cultivating sincere brotherhood. That is by making the society of use to all members and not for the glorification of one or a few medical demagogues.

2. By driving out quacks and seeing that the medical laws are enforced and the people protected.

3. By prosecuting medico-legal cases. Unity makes strength and if a physician be upheld in any lawful point, a precedent is established and the way is made clearer for others.

4. By fixing a fee table.

5. By keeping a black list of clients who do not pay.

6. By making all members take part in the society's deliberations.

7. By making the citizens feel the influence of the society.

8. By doing more real work.

SOCIETY REPORTS.

RICHMOND ACADEMY OF MEDICINE AND SURGERY.

MEETING HELD FEBRUARY 26, 1895.

Dr. Hugh McGuire read a paper on LYMPHADENOMA, commonly known as elephantiasis; the former better expressing its pathology. The nature of the disease, its causes and symptoms, were gone into and then the treatment was taken up. (See page 451.) Photographs of the case were also shown.

Dr. Hugh M. Taylor: I am of the opinion that we do not know enough of the diseases of the lymphatic system. It has an important part in the economy closely related to that of the veins. The lymphatics are the great sewers; they cast away septic matter. To see how soon they act watch a septic wound. But beside this, they convey antiseptic material and this should teach us the value of using antiseptics which are absorbed from the surface by the lymph radicles and carried to the deeper parts. As I understand the question, it is due to blocking of the deeper lymphatics producing inflammatory troubles, overgrowth, etc., just as obstruction to the veins would cause edema. Elephantiasis may start as a surface injury, spread through the lacunae and radicles to the deeper vessels and main channels, and even affect the glands, but not necessarily the latter. The glands may be affected in disease without involvement of the vessels, acting as catch-pits for the septic material which has been conveyed to them by the pipes, the lymph vessels. There are two forms of elephantiasis. (1) Spurious, due to obstruction and inflammation of the radicles first and then the deeper channels. (2) True, due to a germ found in the tropics and semi-tropics. I cannot see what treatment should be adopted, except to produce absorption of the obstruction.

Dr. Edward McCarthy thinks it would be difficult to get union in this disease when pieces are cut out as was stated by Dr. McGuire.

Dr. V. W. Harrison: I report this case because of the family history, which is novel, to say the least. The patient had post-partum hemorrhage before the placenta was delivered. She was under chloroform; so the hand was introduced into the womb and the portion of the placenta not adherent was peeled off with difficulty. She bled for twenty minutes, but made a recovery. Her two aunts died from post-partum hemorrhage. One was aged 22 and the other 24 years. Her mother had four children and after the birth of each there was hemorrhage. Two sisters, 18 and 19 years old, respectively, died from post-partum hemorrhage.

Dr. Taylor: Male, aged 40, lawyer. Five years ago, while pleading a case, the patient, who was a robust man, was taken with a sudden pain in the head, rendering him unable to go on. He was taken home and to a great extent lost his memory. Accompanying this there were no other troubles, as paralysis, etc. In this condition he remained for six weeks or two months; then he became better and was advised to give up practice and go farming. He did this for two or three years and was doing well. About this time he had occasion to go to Baltimore. While on the street in that place, he suddenly lost the use of his lower extremities, but consciousness was retained. Control over the bladder and rectum was gone. He was sent to a hospital and in three or four months his bladder, rectum and locomotion had improved to some extent. In this condition he has been ever since. He walks as though he had locomotor ataxia; he has the girdle sensation and exaggerated reflexes; control over the bladder and rectum only partial; constipation is present and there is a sense of numbness in the lower extremities. Mentally, he is whole and has returned to his vocation as lawyer. I am not clear as to the cause of the trouble. When first taken (while he was laboring under mental pressure), I am of the opinion that some small vessel of the brain ruptured, producing effusion of blood and consequent pressure. It was too sudden to be due to inflammation. In six weeks the clot was absorbed and there was restoration. The

loss of locomotion and control over the bladder and rectum were due to rupture of a vessel of the meninges of the cord and not of one of the cord itself. I say it was hemorrhage because it was sudden. Then in six weeks or two months this clot was absorbed and the worse effects were partially but not entirely recovered from. I do not know if a better condition will result; if the disease does not progress, the prognosis is good. The only intelligent hypothesis I can give is the rupture of the blood vessels due to an atheromatous condition. There is no history of specific trouble. For treatment, I am giving him 50 grains of iodide of potash a day.

Dr. John F. Woodward agreed that the trouble is hemorrhagic and in the lumbar region. It is a mixture of locomotor ataxia and myelitis, the sensory and motor tracts of the cord being involved. I am sure of the fact that 150 grains of the iodide, instead of 50, would give better results, as the following shows: A man seen at the Eye, Ear and Throat Clinic had lost the use of all the muscles of the eye ball and of the upper lid, the right eye being the one affected. The trouble was specific. When 60 grains a day had been reached all motion except that downward was restored. The dose was increased to 120 grains and the eye moves perfectly.

Dr. Wm. S. Gordon: I do not agree with Dr. Woodward that the case is one of true locomotor ataxia. If it is, some explanation is to be made. Of course, there was some predisposition in the brain to the attack. If the lesion was in the ascending or descending lateral tracts, the spinal symptoms would have been continuous with those of the brain, but the two are separate. If the case were a well marked one of locomotor ataxia, we would have lightning pains. Besides a lesion of the posterior columns, the cerebellar tracts may be affected. Pressure, if light, would cause irritability and exaggeration of functions; if great, then abolition. I do not doubt that the cause of the disease is effusion.

Dr. Woodward: Locomotor ataxia may begin months or years before its manifestation, agreeing with the symptoms detailed by Dr. Taylor. There is an indication in the optic nerve long before, and also in the head, arms and legs. I did not say the case was one of true ataxia, but a mixture of it and myelitis. The fact of only a partial involvement of the sphincters proves it. It is hard to say to what the lesion is due. It is now contended that in locomotor ataxia the seat of injury is in Spitzka's or Gower's column. Dr. Taylor's case may develop into one of true locomotor ataxia.

MARK W. PEYSER, M. D., Secretary.

CORRESPONDENCE.

PHILADELPHIA PATHOLOGICAL SOCIETY.

Editor MARYLAND MEDICAL JOURNAL.

Dear Sir:—At the semi-annual conversational meeting of the Philadelphia Pathological Society, to be held in the hall of the College of Physicians, northeast corner Thirteenth and Locust Sts., on Thursday, April 25, 1895, at 8.15 P. M., Dr. George Dock of the University of Michigan will deliver an address entitled "Trichomonas as a Parasite of Man." Members of the profession are cordially invited to be present.

Respectfully,
AUGUSTUS A. ESHNER,
Secretary.

COLD IN THE TREATMENT OF PNEUMONIA.

Editor MARYLAND MEDICAL JOURNAL.

Dear Sir:—My last paper on "Ice-Cold Applications in Acute Pneumonia" gives a record of seventy-four cases so treated, and only two deaths. Being desirous of making a full collective report on this subject, I take the liberty of asking those who have tested this measure to kindly give me the result of their experience with it. Full credit will be given to each correspondent in the report which I hope to publish.

THOMAS J. MAYS, M. D.
1829 Spruce St., Philadelphia.

MEDICAL PROGRESS.

DOUBLE CASTRATION FOR ENLARGED PROSTATE.—The operation of orchectomy as suggested by Dr. J. W. White of Philadelphia, for the cure of enlarged prostate, is attracting the attention of surgeons and others all the world over. Remarkable cases have been reported with great reduction in the size of the enlarged prostate in three weeks after the operation.

It is very important, says Mr. E. Harvey Fenwick in the *British Medical Journal*, that the exact size and condition of the prostate be noted before operation and that sufficient reliable data be recorded to assist future operators. Mr. Fenwick draws the following conclusions from his experience with this operation:

1. There is no doubt that slow shrinkage of the prostatic tissue in many of the forms of senile enlarged prostate ensues upon double castration. Further experience must, however, decide as to whether every form of prostatic growth is thus affected.

2. It is certain that escape from catheter life after castration depends absolutely upon the health of the vesical muscle. The grade of the atony, therefore, should be most carefully estimated before any hopes of relief from catheterization are held out. To promise a confirmed catheter case that orchectomy will do away with the instrument will merely bring discredit on the operation and disappointment to the patient. Even after prostatectomy we are unable to promise such relief if the muscle is hopelessly atonic, and we cannot do so after castration.

3. It is possible that castration by diminishing the microbic infection from the inflamed senile prostate will remove a constant menace to the integrity of the kidneys, for it will control the most prolific source of ascending pyelitis.

It appears to me that double castration will prove of value in the following conditions:

1. In reducing bulky overgrowth of the lateral lobes of the prostate. It may be found that the small, tough, fibrous, median or lateral vesical outgrowths will be better removed by suprapublic prostatectomy.

2. In controlling the distress of an inflamed senile enlarged prostate.

3. In lessening the frequency or difficulty of introducing the catheter in advanced or confirmed catheter life.

4. In avoiding the mechanical difficulty of crushing a post-prostatic on a post-trigonal stone, by levelling the base of the bladder, thus rendering the operation of litholapaxy feasible in a condition in which before it was impracticable.

5. In reducing chronic cystitis and recurrent phosphatic calculus in cases of confirmed catheter life.

* * *

FERRIPYRIN. — Ferripyrin (*British Medical Journal*) is a new drug which has been recently prepared and introduced by Witkowsky, being a combination of iron perchloride and antipyrine. It is an orange-colored, readily soluble powder, recommended both as a hemostatic and a local astringent. Hedderich has already made investigations as to its practical usefulness, obtaining very good results, and finding it different from the more generally used perchloride of iron in being absolutely non-irritating and non-destructive to tissues. When applied to the nasal mucous membrane it also proved to be a mild anesthetic. A solution, 18 to 20 per cent. in strength, was usually employed, but the powder itself could also be applied.

* * *

CATHETERIZATION OF THE MALE URETERS.—Surprise was excited when the announcement was first made and when it was clearly demonstrated that the female ureter could be catheterized and the urine from either kidney could be drawn off.

Much more wonderful is the work of Dr. James Brown, who records in the *Johns Hopkins Hospital Bulletin* his method of catheterizing the male ureters by the use of the Nitze-Leiter cystoscope. The method can hardly be described but the practical advantage in finding disease in the particular kidney affected is incalculable.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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SEE PUBLISHERS' DEPARTMENT, PAGE 461.

BALTIMORE, APRIL 6, 1895.

Hypnotism and Crime.

THE scientific press and the daily papers, particularly the latter, have been discussing the relation between hypnotism and crime and articles on this subject have been especially interesting because they have not been true. Fiction usually has an attraction about it which the strict truth does not always possess.

That very little is known in this country of hypnotism is very evident from the communications which are published in medical journals and from the fact that judges and jurors listen to the most improbable stories and convict, or acquit, according to the expert testimony of the so-called hypnotism specialist. That this subject needs a thorough revision in this country and that some commission of inquiry should settle certain moot points is very evident. As long as the ordinary physician who knows nothing about this subject scoffs at it because he does not understand it, and as long as the ignorant juror and the judge, learned in other things than medical science, are ready to believe anything that the expert witness tells them, so long will thrilling histories of crime committed under the hypnotic influence be related and so long will the innocent be punished for the guilty.

What is needed is not a stray article here or there, relating wonderful cases which no one but the narrator has seen, but a genuine scientific collective investigation made by men who are thoroughly reliable and a competent board or commission to whom doubtful cases may be referred for solution. Ask the average physician what he knows about hypnotism and he will pretend to understand it, while in fact he very likely knows nothing about it.

The influence of one mind over another has long been known, but even the most skilled hypnotists fail to explain some facts. Whatever is done, then, what may seem to be miraculous cases should not be recorded, especially by the daily press, unless several reliable persons have seen these cases and have corroborated the facts therein stated. With our present knowledge of this subject, a hypnotism séance is looked upon as a show and there are few schools of medicine which have taken the subject seriously.

Therefore, in each city, physicians who know anything of this subject should seek to enlighten their more ignorant colleagues and some attempt at a classification of its effects and indications should be made. Whether crime can be committed under the influence of hypnotism should be a settled question and enough of it should be taught in each school, at least in the clinical lecture, to make each graduate familiar with the subject and thus will the profession and finally the people be protected against dupes and the braggers who parade their wonderful cases and tell their marvelous stories in the medical and lay press.

* * *

Diseases and their Relations.

THE division of medicine into specialties is a natural outcome of study and differentiation and has been the means, to a large extent, of developing each branch to its own advantage, with the result of increasing our knowledge of the construction of the body and the treatment of disease. Specialists, however, are too prone

to forget all departments except their own and too often see the ailment complained of as in that especial domain only.

It is gratifying, therefore, to see that one specialist has noted the relation between disease in one organ and certain abnormalities in a neighboring one. Even in the largest cities, neighbors cannot be altogether independent of each other and when, as in the average human body, important organs, tissues and their accessories are crowded into such small space, it would be wonderful indeed if they did not exercise an influence on each other, whether for good or evil.

The surgeon has of late been very ready to use his knife to remove almost any pain or injury, while the physician complains that many a neurosis is caused by that very operation which was intended to be of good to the sufferer. It has been said that the general practitioner is nothing more than a distributor of cases; that he makes the diagnosis and then sends the patient to the proper specialist for treatment; but this is not strictly in accordance with the facts. The general practitioner does more than make the diagnosis; he is usually able to follow this up by judicious and unbiased methods of treatment, which generally bring about better results than would follow in the hands of the enthusiastic specialist.

As a writer in this issue has shown, not all cases which may seem at first glance to belong to the surgeon necessarily come into his hands, and even if they do, they are not always in the right place there. An operation for appendicitis may not be difficult, and has undoubtedly been the means of saving may lives, but the careful physician has shown also his ability in aborting or curing a case of appendicitis before it has reached the operative stage.

The larger the city the more narrow becomes the specialist and the more careful should the general practitioner and the family physician be that cases do not too often get into wrong hands. The days of the family physician are not passed and the specialist may live on the kindness of his colleagues, but the specialist who sees relations and connections between organs and does not operate first and then make a diagnosis afterwards is the one whose services will be sought by the family and the physician.

Be Liberal.

THERE are two objects to which many physicians of Baltimore, especially, will have the opportunity of contributing. One is to the fund for the purchase of the new building for the State Society and Library and the other is for the entertainment of the delegates of the American Medical Association.

The former is in no way a contribution, but simply an investment which under the judicious management of the well selected committee will yield a fair return on the money invested; and it is an investment in which every physician in this city should feel it a privilege to take part.

The other opportunity may not appeal so strongly to some members of the profession, but when it is remembered that it is to uphold the well earned reputation of a hospitable city that the physicians are asked to support, no one should hesitate to give and to give cheerfully. Wherever the Association has met, its members and their families have been treated royally and have been entertained in the best manner the city could afford, and now when there is a chance offered to return this compliment, each medical man should be ready to give cheerfully what he can afford so that when the meeting closes he may feel that the success was in part due to his liberality.

Liberality is a relative term and he who gives cheerfully and quickly is more generous than the laggard, even though his contribution be larger.

Honesty may be the best policy in some cases, but too many physicians who complain of being very busy from morning to night are the very ones who have little to contribute when the demand is made. Does this mean that they are busy with no results? If these busy men refuse to contribute to a worthy cause on the plea of povery their cry of being busy will command little respect.

Times may be hard and money not be easy to get, but if these busy men, especially those who have no time to write or do anything else they do not wish to do, try to escape the hat as it is passed around on the plea of poverty, then they give but a true estimate on their work which no amount of prevarication will shield.

The conclusion of this whole matter is to be liberal and be a credit to the societies, the city and yourself.

MEDICAL ITEMS.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending March 30, 1895.

Diseases.	Cases Reported	Deaths
Smallpox		
Pneumonia		24
Phthisis Pulmonalis		33
Measles	41	
Whooping Cough	10	2
Pseudo-membranous Croup and Diphtheria	13	5
Mumps	2	
Scarlet fever	17	4
Varioloid		
Varicella	2	
Typhoid fever		2

Disease germs and pathological specimens cannot be sent by mail.

New York is again trying to regulate the sale of patent medicines.

A movement has been made in New York City toward roof gardens for the poor.

Medical students in France number over ten thousand. Their number has more than doubled in the past ten years.

Dr. John C. Hemmeter's "Hymn to Hygeia" was very successfully performed at the Germania Männerchor last Monday night.

When a physician in Arkansas becomes a habitual drunkard the State Board of Health is by law enjoined to revoke his license.

An exchange says that the animals used for purposes of experiment at the Johns Hopkins Pathological Laboratory are "Welch rabbits."

Dr. William H. Thomson has succeeded the late Dr. A. L. Loomis in the chair of general practice of medicine at the University of New York.

The death of M. Alphonse Guerin of Paris is announced as having taken place on Thursday, February 21. He was seventy-eight years old.

Dr. Emory Lanphear has severed his connection with the College of Physicians and Surgeons, of St. Louis, and resigned as editor of *The Clinique*, the official organ of the college.

The death of Dr. Daniel Hack Tuke, the well-known English alienist, is announced as have taken place in London on Wednesday, March 6. He was sixty-eight years old.

The Medical Association of Georgia will hold its forty-sixth annual session at Savannah, April 17, 18 and 19, 1895. Dr. W. F. Westmoreland of Savannah is President.

The Medical Examining Board of Virginia will hold its first session, under the new law, for examination of candidates for license to practice medicine, etc., in Virginia, May 8 and 9, 1895.

It is claimed that, at least, ten per cent. of the patients at the chief dispensary of the city of New York suffer from tea-drunkenness. Its effects are noticed in connection with the nervous system.

The Kings County Medical Society failed to expel Dr. J. B. Mattison because he published an article read before that society in the daily press before it had appeared in the official organ of that society.

The annual meeting of the Medical Association of the State of Alabama will be held at Mobile, April 16 to 19, 1895. Richard Mathew Fletcher, M. D., President, Madison, Ala.; James Reid Jordan, M. D., Secretary, Montgomery, Ala.

A project is on foot to erect a ten story office building in Chicago, to be known as "The Medical." The intention is to have the building given over to doctors for offices, and the rooms and conveniences are to be arranged with that object in view.

The prevalence of contagious diseases in the New York City schools has led to comment and investigations. As a result of one of these it has been developed that of 112 school trustees 23, or a little less than 20 per cent., are undertakers. The New York *Times* says: "The fact is suggestive; it would be amusing if it were not so tragical."

The *New York Medical Journal* says that the New York Physicians' Mutual Aid Association, of the various steps of whose good work it has frequently been our pleasant duty to make mention, has lately given a token of its prosperity of a kind that we do not remember to have observed before. It has paid an assessment out of the surplus funds, and thus avoided calling on its members.

WASHINGTON NOTES.

The Secretary of the Interior has decided that the room at the Freedman's Hospital, which was wanted by the Commissioners of the District for a ward for contagious diseases, could not be used for that purpose, as it would endanger the other patients in the Hospital.

The Medical Society of the District of Columbia held its regular meeting on Wednesday the 27th ult., the President, Dr. S. C. Busey, in the chair.

Dr. C. W. Stiles of the Agricultural Department spoke "On the Rarity of Tenia Solium in America." Dr. Stiles had a number of charts to show the different kinds of tenia and his remarks were very interesting to all. The tongue of the beef is a favorite place for these parasites to collect and those who are fond of beef-tongue sandwiches run considerable risk.

Dr. J. T. Kelley read an interesting and instructive paper on "Hysteria." It produced considerable discussion, some of those who discussed it being Drs. Stowell, J. Ford Thompson, S. S. Adams, C. W. Stiles, A. A. Snyder, Mary Parsons and others.

There are twenty-five applicants for membership into the Society, whose names will be voted on the night of April 3. Two of these applicants are women.

Dr. T. C. Smith will read a paper at the next meeting of the Washington Obstetrical and Gynecological Society, entitled "A Case of Hypertrophy of the Cervix Uteri."

Dr. Joseph Stedman, well-known in Boston, has been on a visit of several days in Washington.

PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending April 1, 1895.

The extension of leave of absence on surgeon's certificate of disability granted First Lieutenant Henry R. Stiles, Assistant Surgeon, is still further extended two months on surgeon's certificate of disability.

Leave of absence for one month is granted Captain Jefferson D. Poindexter, Assistant Surgeon.

The leave of absence on account of sickness, granted Lieutenant-Colonel Joseph R. Gibson, Deputy Surgeon General, is still further extended six months on surgeon's certificate of disability.

Leave of absence for three months, to take effect on the expiration of his present sick leave, with permission to leave the United States, during May and June, 1895, is granted Captain William C. Shannon, Assistant Surgeon.

UNITED STATES NAVY.

Week ending March 30, 1895.

Surgeon L. B. Baldwin detached from Pensacola Navy Yard and ordered to the United States Ship "Montgomery."

Assistant Surgeon J. S. Hope ordered to the United States Ship "Montgomery."

Surgeon Howard Wells detached from the United States Ship "Montgomery" and granted three months' leave.

UNITED STATES MARINE SERVICE.

Fifteen days ending March 30, 1895.

G. T. Vaughan, Passed Assistant Surgeon, to proceed to Philadelphia, Pa., and assume command of service, March 28, 1895.

C. H. Gardner, Assistant Surgeon, granted leave of absence for fifteen days, March 22, 1895.

H. S. Cumming, Assistant Surgeon, to rejoin station New York, N. Y., March 16, 1895.

J. M. Eager, commissioned as Passed Assistant Surgeon, March 26, 1895.

BOOK REVIEWS.

DISEASES OF THE EAR. A Text-Book for Practitioners and Students of Medicine. By Edward Bradford Dench, Ph. B., M. D., Professor of Diseases of the Ear in the Bellevue Hospital Medical College; Aural Surgeon, New York Eye and Ear Infirmary, etc. Octavo, pp. xxii.—645. With eight colored plates and 152 illustrations in the text. Price, cloth, $5.00; leather, $6.00. New York: D. Appleton & Co. 1894.

Dr. Dench's book is an excellent exponent of modern otology. There is a blending of the old and new which is admirable. Chapters I and II give the anatomy and physiology of the ear more fully than is usual in books written from a clinical standpoint. The chapters on physical examination and functional examination are equally painstaking. The reason of this appears later, when one reaches the parts devoted to operations upon the middle ear for the relief of deafness. The author advocates surgical treatment of many of these cases, and one can trace a close connection between the minute diagnostic directions of chapters III and IV, and the operative recommendations found further

on. The functional results of the author's operations are, on the whole, better than some others that have been reported. In deafness due to lesions of the conducting mechanism, he thinks the best results follow "operations performed under cocaine anesthesia and where the design has been to secure a permanent opening into the tympanum." (p. 514). The experimental nature of an exploratory tympanectomy is dwelt upon, the opinion advanced that "humanly speaking, it will not injure the organ," and should be tried in otherwise seemingly hopeless cases. Diseases of the internal ear receive considerable attention; but one cannot say that much is contributed to their therapy. The influence of certain infectious diseases and chronic visceral disorders upon the ear are presented instructively. Most of the plates show the ear structures in life size, and the retention in the plates of neighboring parts make them the more serviceable. The publisher's part of the work is excellent.

REPRINTS, ETC., RECEIVED.

Ainhum. By Walter L. Pyle, M. D., of Washington, D. C. Reprint from the *Medical News*.

A Valuable Discovery. The Cure of Impotency. By Hugo Engel, A. M., M. D. Reprint from the *Medical Summary*.

Transactions of the New Hampshire Medical Society, at the One Hundred and Third Anniversary, held at Concord, June 18 and 19, 1893.

Subvolution. A New Pterygium Operation. By Boerne Bettman, M. D., Chicago. Reprint from the *Journal of the American Medical Association*.

Ripening of Immature Cataract by Direct Trituration. By Boerne Bettman, Chicago. Reprint from the *Annals of Ophthalmology and Otology*.

Laminectomy for Paraplegia from Pott's Disease, etc., by F. C. Schaefer, M. D., Chicago. Reprint from the *International Medical Magazine*.

Bicycling for Women, from the Standpoint of the Gynecologist. By Robert L. Dickinson, M.D. Reprint from *The American Journal of Obstetrics*.

First Annual Report of the Dental Commissioners of Connecticut. Reprint from the Sixteenth Annual Report of the Connecticut State Board of Health.

CURRENT EDITORIAL COMMENT.

LIFE INSURANCE.

New England Medical Monthly.

LIFE insurance is a farce and a fraud if the doctors who make the examinations for the companies are not educated, competent and conscientious men.

LEGIBLE HAND-WRITING.

Journal of the American Medical Association.

IT is not necessary in conveyance of ideas by writing that one be artistic, although to their credit be it said that there are many physicians whose hand-writing is beautiful in its clearness, graceful curves and delicate tracery; but careful and close adherence to the accepted forms of the letters will, in the long run, be the surest way to prevent misunderstanding and accidents, and if by nature one can not acquire the necessary handicraft, he should use the typewriting machine or employ some one to use it in the translation of his manuscript.

THE USE AND ABUSE OF DRUGS.

Philadelphia Polyclinic.

IN the use of medicines in the treatment of disease, the judicious physician will avoid either of the two extremes represented by therapeutic nihilism and polypharmaceutic credulity. The *vis medicatrix naturae* is the proved dependence of the organism in its unaided struggle with disease, and the same potent force should be the principal dependence of the physician as well. But there are many cases in which the natural powers of recovery are too slow or too uncertain in their action to be the sole dependence of the practitioner of the healing art.

BACKWARD PROGRESS.

Northwestern Lancet.

MANY men of genius are great in various directions and whatever subject they take up they are sure to illuminate. It is in general true that the man who is pre-eminent in one line of work would have had much the same success had he taken up almost any other occupation, for the qualities that carry a man to success in one direction would have served him equally well in another. Tait is an exception to this rule. He is indeed a great surgeon, but in other ways he is singularly small, and his attack upon germs is little more than a tirade, although he claims to follow strictly Baconian methods of pure reasoning.

PUBLISHERS' DEPARTMENT.

All letters containing business communications, or referring to the publication, subscription, or advertising department of this Journal, should be addressed as undersigned.

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TO PRACTITIONERS OF MEDICINE.

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NOTES.

PAINFUL eruptions may follow large doses of the salicylate of soda.

*

LOCAL applications of sulphur to the throat are very efficacious in diphtheria.

*

THE successful use of hypodermic injections of salt water in pernicious anemia has been reported.

*

DR. PELLISIER has had excellent results with the filtrated crude oil in pulmonary consumption.

*

IN cases of abortion after all the membrane has been removed, the uterine cavity should be swabbed with iodine.

*

DR. UNNA recommends powdered chlorate of potash as the best tooth powder as well as for general disinfection of the mouth.

*

INHALATIONS of formaldehyde diminish the number and intensity of the paroxysms of whooping cough and shorten the duration of the affection.

*

A CASE of pernicious anemia, which had resisted arsenic and iron, was cured by the administration of ox-bone marrow uncooked. Three ounces of marrow were given daily with almost immediate improvement.

PHARMACEUTICAL.

THE office and laboratory of the Peacock Chemical Co. of St. Louis have been removed to 112 and 114 north Second Street, of that city.

CONVULSIONS may frequently be cut short, like magic, by teaspoonful doses of Celerina repeated at short intervals. The nausea as an after-effect of chloroform or ether narcosis may generally be controlled in the same manner.

DR. CHAUNCY STEWART, of Alleghany City, Pa., has used Iodia very extensively in his practice, and regards it as the "ideal alterative—the *sine qua non* in the treatment of syphilis, scrofula and all diseases arising from syphilitic contamination or a strumous diathesis. Iodia has this advantage over mercurial treatment in syphilis: when the patient does get well, he is well. He is not tortured with mercurial rheumatism nor made to blush through the syphilitic blossoming of his face in after years. He is well. Unlike the long-continued use of other alteratives, Iodia does not reduce and debilitate the constitution, but invigorates and restores the vital powers and enables the patient at all times to continue in the discharge of his vocation.

WE wish to call our readers' attention to an article which is becoming a standard remedy for whooping cough. Vapo-Cresolene is a chemically pure product from coal-tar, having an antiseptic power much greater than carbolic acid. It is the result of careful study to find the cause which effected a cure in taking children suffering from whooping cough to the purifying rooms of gas works. In Cresolene is found this curative element in such a form that it may be vaporized in the sick-room in a way most favorable to the patient. Treatment by inhalation is advantageous in many ways. The application of the medicament is very simple and does not cause any inconvenience to the patient. This is particularly the case in the method employed in vaporizing Cresolene, as the vaporizer is used in a closed room and the patient simply inhales the air of the room, impregnated with the vapor. In treating by inhalation the remedy is constantly acting upon the seat of disease; and in whooping cough quickly overcomes the desire to vomit which is frequently

augmented where medicines are administered internally. The whoop or spasm grows less violent and children are in many cases cured in from three to five days. Cresolene is used by many physicians with success as a remedy and preventive in diphtheria, scarlet fever, asthma, croup, catarrh, bronchitis and other contagious and infectious diseases, the benefit being derived from the antiseptic virtue of Cresolene. Where a powerful deodorizer and disinfectant is wanted in the sick-room, Cresolene as used in the Cresolene vaporizer will be found the simplest and most effective article yet introduced for such purpose. The odor of Cresolene is not unpleasant and the vapor is absolutely harmless to the youngest child. Cresolene will neither injure the finest fabrics nor tarnish metals, while the odor soon passes away after use. The vaporizer is six inches in height and consists of a metal base and standard supporting a hot air chamber and metal saucer in which the liquid is vaporized. Vaporization is effected by means of a small kerosene lamp which also gives a faint but sufficient light at night. The apparatus and lamp come neatly packed in a box, with a two ounce bottle of Cresolene. W. H. Schieffelin & Co., of New York, have had the agency for Cresolene since it was first introduced, some fourteen years ago. Finally, Cresolene is a success because it does what is claimed for it. Its application is simple and offers the most direct way of applying a remedy to the air passages; and lastly it is inexpensive. Give it a trial. Cresolene is obtainable from any wholesale house, if not kept by the retail druggist.

Bacteriological Laboratory,
New York City Board of Health,
April 2, 1895.

This is to certify, That in view of the sudden death which recently occurred in Brooklyn after the administration of Behring's Diphtheria Antitoxin, and at the request of President Wilson of the New York City Board of Health, in the absence of Dr. Biggs I obtained from Messrs. Schulze-Berge & Koechl, the American agents for the remedy, two vials of the Antitoxin from the same lot, Operation 159, as that which was employed by Dr. Kortright in the case alluded to. I have submitted both vials to thorough tests at the Bacteriological Laboratory of the Board of Health by injecting excessive doses into guinea pigs and rabbits without producing in the animals any deleterious effects whatever. Specimens from both vials were also submitted to bacteriological tests, and were found to be free from living germs of any kind.

These results taken together with the fact that the New York City Board of Health has employed this same make of Antitoxin in a considerable number of cases with only the best results leads me to express the opinion that the unfortunate results which followed its administration in the case referred to can not be attributed in any way to the antitoxin which was employed.

W. H. Park, M. D.,
Assistant Director of Hospital Bacteriological Laboratory, N. Y. C. B. of H.

Brooklyn Health Department.

Hon. Z. T. Emery, M. D., *Commissioner of Health:*

Sir:—I have the honor to report that yesterday, April 1, I procured from Schulze-Berge & Koechl two bottles of Behring's Antitoxin No. 2, containing 1000 immunity units, sealed under the date of January 30, operation No. 159, being a portion of the same lot as used in the case of Bertha Valentine. Of this serum one cubic centimeter was injected beneath the skin of a guinea pig weighing 420 grammes at 4.30 P. M. The animal suffered no inconvenience from this injection. At the time two and one-half cubic centimeters of the same serum were injected directly into the ear vein of a large rabbit. This animal suffered no inconvenience. I also obtained from Dr. Clayland, the coroner's physician, about one ounce of fluid blood received in a sterilized bottle from the right auricle of the heart. One-half of this blood was given to the chemist of the department, for the chemical analysis. Direct microscopical examination and cultures from this blood showed it to be free from micro-organisms. Speculative theories may be advanced as to the cause of death in this case, the true cause not having yet been determined, but the above experiment conforming as nearly as possible to the actual condition, demonstrates that the cause was not inherent in the Antitoxin.

Sincerely Yours,
E. H. Wilson, M. D.,
Chief Bacteriologist.

MARYLAND
MEDICAL JOURNAL

A Weekly Journal of Medicine and Surgery.

Vol. XXXII.—No. 26. BALTIMORE, APRIL 13, 1895. Whole No. 733

ORIGINAL ARTICLES.

RECENT STUDIES ON NASAL AND POST-NASAL OBSTRUCTION.

By William T. Cathell, M. D.,
Baltimore.

If we were to study the etiology and causes of pharyngeal and laryngeal disorders exclusive of infectious disease and traumatism, we would surely find nasal obstruction among the foremost. More especially is this true where the condition brings about a marked stenosis. I have in my case-books the history of patients who have suffered from the deleterious effects of inhaling directly into the larynx dry, cold, impure air through the mouth, who have undergone every form of treatment for laryngeal disorders for days, yea, months, and never obtained permanent benefit until the nasal obstruction was corrected. And in a climate like ours where sudden vicissitudes of the weather are the rule instead of the exception, where one goes to bed, as it were, in summer and awakes in winter, it cannot be otherwise than logical to conclude that the nasal chambers at all hazards should be kept perfectly free in order that their functions should not be interfered with.

It is a well known fact that respiration in health is carried on almost exclusively through the nasal passages, and moreover, that it is essential for the respired air to pass through both nostrils alike; for if there be an obstruction present in either nostril, in proportion to that obstruction will there be a proportionate catarrhal condition provoked. The inferior meatus being traversed by nearly the whole of the respiratory current, it is of prime importance that it especially should be unobstructed, for when an obstruction takes place at this point the nasal secretions not only become pent up, and fetid decomposition results, but the heat, moisture and filtration which the inspired air should acquire is lost, and imperfect oxygenation results. Curtis, in his work on nasal stenosis, truly says it seems to him a disgrace to scientific teaching that patients suffering from a condition as apparent as nasal obstruction should be almost daily advised to go to Colorado or Florida to avoid phthisis, when we so well know that there can be no artificial oxygenation from medication that will so rapidly overcome an anemia as the re-establishment of the nasal respiratory tract. He, moreover, very sagely asserts that more good will be done to suffering humanity when the stethoscope is made secondary to laryngo-rhinoscopy in the investigation of pulmonary affections.

Although many of the neoplasms and other pathological conditions that create nasal obstruction are at their onset insignificant, yet it can be verified that later on they often lay the foundation for grave disorders, if from no other reason, owing to the nasal respiration being either minimized or prevented, thereby not only paving the way to serious chronic naso-pharyngeal catarrh, but also to mouth-breathing with its associ-

ated evil effects, of which we so well know; for normal respiration is as necessary to the lungs as good mastication is to the stomach, and it might be here laid down as an axiom that both the "snorer" and "hawker" are subjects of nasal obstruction and need treatment.

Of all the etiological factors of nasal obstruction, save rhinitis and those conditions in which the erectile tissue is temporarily enlarged, either by increased nutrition or by vasomotor paresis, both of which I considered in a former paper, polypi produce in adults a considerable percentage, consisting, as we all know, of outgrowths of a gelatinous or fibrous character, usually pedunculated, springing from either the superficial or deep layer of the Schneiderian membrane and originating from any part of the inter-nasal canal. Although rare in young children, these growths are quite common in adults. The youngest patient met with by Mackenzie being a girl 13 years of age, the oldest, 69 years, my youngest being 17 and oldest, 52. Other authors contend, however, that these neoplasms are not confined to any special period of life, being found in the very young, as well as in the aged. Winter goes so far as to say that he discovered a nasal polypus in a fetus of seven months.

A query that incidentally suggests itself in connection with this theme is what condition or conditions are the etiological factors? In the first place, most authors, including Jarvis, have made observations and concluded that heredity plays an important role, and the author just mentioned cites a case of a family in which father, five children and six grandchildren presented nasal polypi, and also cites case after case, showing a relationship existing between deflected septums and polypi, the latter arising at the point of deflection, but does not clearly state in the latter cases the primary predisposing cause, which my own cases have shown to originate either from co-existing "spots" of strumous or specific caries, or some constant irritation such as a focus of necrosis, or the seat of its former existence.

That these neoplasms differ materially all specialists are aware, and while they usually occur singly they are often multiple in their growth. Woakes of London takes cognizance of another chief etiological factor when he says that nasal polypi most frequently result from chronic inflammation of the muco-periosteum of the naso-ethmoid and turbinated bones simulating necrosing ethmoiditis, which condition of affairs brings about an irritation and consequently the proliferation of soft tissue.

The normal pituitary membrane is moist, and one of its important functions is the exhalation of this moisture, but when the nares become the seat of obstruction then this function, especially of the erectile tissue, degenerates and a false pathological condition sets in, which causes the nares to become tumid, swollen, boggy and hypersensitive.

If, in addition to this, one or more polypi be present, nasal respiration is usually impeded, especially in damp weather, due not only to mucus but also to mechanical obstruction and defective nasal drainage aided by a hydrometric atmosphere making the nostril or nostrils impervious to the passage of air. I have repeatedly known the sense of smell to be perverted in these cases, and the general symptoms vary from a mere consciousness of disturbance to a condition of marked discomfort, especially is the loss of smell (anosmia) suffered if the free access of air to the olfactory portion of the nose is interfered with.

In a patient I have just encountered the least unpleasant change of the weather not only increases the obstruction but also produces other annoying symptoms, among which are congestive headaches and epistaxis, due to the neighboring congested tissues which have repeatedly caused the blood to flow down over the nasal floor into the throat, and I am fully convinced that if her nasal chambers were of normal caliber the slight swelling of the mucous membranes would be unnoticeable.

Loomis goes so far as to say in his work on "Heart and Lungs" that clinical experience establishes the fact that a large proportion of cases of fibrous and catarrhal phthisis begin with nasal ob-

struction, which in turn produces naso-pharyngeal catarrh and extend to the larger bronchial tubes, then to the smaller and finally develop pneumonia, which may end in phthisis pulmonalis.

It is a well known fact that the nasal polypi are seldom detected until they have given rise to decided symptoms caused by their presence, at which time their origin can be satisfactorily explored by the probe or rhinoscope, or if of sufficient size they may be brought into view, by blowing through the affected nostril while the other is closed.

I have sometimes known impairment of articulation to date from the very beginning of nasal obstruction but it more frequently comes on later, and this defective voice is an interesting point in these cases, for in our experience with professional singers and others who constantly use the voice, the necessity of unobstructed nasal respiration is well known, as it is vitally important for them to possess perfect resonance and timbre. The musical note "E" particularly seems to give much difficulty, and I have more than once observed nasal obstruction disturb the normal relations existing between the nose and those parts of the sound waves which are emitted through the mouth. The altered condition of a head tone may be easily observed if we mechanically close the nostrils while intoning, and if such a marked defect be brought about by simple temporary obstruction, how much more so must it surely be where the nasal obstruction is permanent and where we have not only stenosis, but a chronic congestive condition, possibly of the whole upper respiratory tract, which alone would damage the quality of any musical tone, and cannot be wondered at when we remember that physiologically the nose serves as an additional resonant cavity during vocalization.

Another interesting study is the large number of cases of impaired nasal respiration in children where the proximate cause is post-nasal adenoid vegetation which, acting like foreign bodies, cause the little patients to have uneven or protruded teeth, hanging lips, pinched nostrils, partial deafness, toneless voices, loss of smell, pigeon breasts, weak throats, etc., which unite to make up a frog-faced or semi-idiotic expression, from which a diagnosis can readily be made by the experienced eye.

Moreover a great proportion of nasal catarrh in the young is due directly to those neoplasms and this appears reasonable when we know that the lumen of the nasal chambers in childhood are very small and easily occluded by the retained secretions and other abnormal conditions which characterize a case of this kind. For diagnostic purposes in these cases a Sass' spray tube of fluid vaseline is a most reliable test. If we throw a spray into an unobstructed nostril the cloud will immediately emerge from the other, and if it does not the cause is plain.

I have found ptyalism a characteristic symptom of the presence of adenoid growths, and believe that in every case where ptyalism and mouth-breathing are found, post-nasal growths are concomitant.

The various symptoms produced by the existence of such a condition are of course dependent upon the stage at which the case is seen.

The caliber of the respiratory portion of the nasal fossae may also be infringed upon by cysts, ecchondroma, exostosis, osteoma, papilloma, angioma, disease of septum, deformities, etc., but whatever the cause, removal of the obstruction to free respiration is the great principle of successful treatment.

Where we operate for polypi, we should remember the frequency of repullilation and therefore direct our treatment also to the diseased condition of the membrane from which it originates, for this procedure has a most important bearing on the radical cure. Weaver relates an instance where frequent operations were performed upon the same patient; in each case the nasal obstruction was caused by polypi springing from the same nidus, which latter growth finally assumed a sarcomatous nature which grew rapidly and proved fatal. Bosworth likewise published a case where malignant disease resulted from a degeneration of ordinary nasal

polypi. These cases are exceptional, but it is of frequent occurrence to see mucous polypi become fibrous by age.

We do not yet know the exact function of the so-called third tonsil, but we do know that its extirpation does no harm, and where the nasal obstruction in children is caused by this hyperplasia the rhinoscope can rarely be used, especially if the little patient is under six years of age, therefore it is advisable to operate under the guidance of the left forefinger, not only on account of its being more simple but because the results are generally so satisfactory. I am well aware that other operators have adopted this method at times but it is worthy of more frequent application, especially in a case in which the growth in non-sessile. When soft and friable their removal is easy and there is but slight pain, but of course when we have a marked excess of fibrous tissue which brings about both toughness and compactness any kind of removal causes some little pain, and they are more difficult of complete removal; and it is just here that anesthetics are of the greatest importance in conjunction with the palate retractor. Cocaine also does at times act admirably in some of these cases, but it must be remembered that patients differ greatly in susceptibility both to cocaine and to pain.

The mouth-breathing habit should afterwards be corrected by special attention; and deformity of the chest if such be present should receive proper physical exercise.

Opinions as to the method of removal of nasal obstructions are varied, each surgeon having favorite instruments and appliances, giving preference to these, and discarding others. Some using surgical scissors, knives, spoons and curettes, while others prefer the galvano-cautery or cutting forceps where the obstruction is due to large masses, and the galvano-points where due to soft, small and smooth ones. Others again advocate the use of the cold snare either straight or pistol-shaped in form, in preference to the galvano-caustic loops. They applying the cautery only to the base, or to any tissue left behind. Bosworth on the contrary has asserted that a crystal of chromic acid affects all that the platinum wire can possibly accomplish, and that it can be applied with more accuracy, and creates a more efficient slough. I would say that the method of removal to my mind is of secondary importance provided it is thorough.

In those cases where the inter-nasal space is obstructed by exostosis, ecchondroma and malpositions of turbinated bones, I overcome these difficulties with a set of instruments worked by an S. S. White surgical engine, which not only is handy but which does more accurate work than either the saw or chisel, and gives results which are thoroughly satisfactory, without greatly alarming timid patients, and for these cases I consider it the most available surgical instrument at our disposal. The one I use has an extra heavy sleeve and cable, to which is attached a special handpiece which clamps an inch of the instrument, leaving, however, sufficient reach to be effective for work high up in the nares. With this powerful little contrivance I have obtained several most satisfactory results, especially where the bony obstructions were situated in the anterior nasal passages. I have as yet not met with a single case in which the bony prominence was too tough for the driving power of the S. S. White. When the obstruction is great, and especially if occlusion is present, I first gain an entrance with one of the smaller instruments and then remove it as soon as possible and use a larger one. Another advantage is that where we do not wish to risk injury to neighboring tissues, the instruments of this little machine may be worked from within protecting shields that guard the surrounding tissues, and thereby insure them immunity from injury.

The only objectionable feature, if such it may be called, is that to do the work properly it requires both time and patience, especially where the bony obstruction is pronounced.

Knowing that perfect asepsis, unaided, is a myth, and knowing moreover that surgical cleanliness of the nasal cham-

bers and post-nasal space is very difficult to obtain, nevertheless prior to all operations for obstruction we should not not only have our instruments perfectly cleaned and carefully disinfected, but should be careful to use antiseptics in order to produce a condition of asepsis. Especially is this necessary of the internasal chambers, which by their moisture and oxygen make an excellent nursery for the development of micro-organisms. When we remember that shock lasts but twenty-four hours, we can easily discern that these inter-nasal operations, which are attended by unpleasant reactions, and symptoms of chill, increased temperature, general malaise, etc., as late as the sixth or seventh day, are undoubtedly due to some variety of sepsis. And knowing, moreover, that nasal cleanliness can not be attained, much less maintined, without the aid of cleansing agents, we should each use such antiseptics as he prefers prior to all operations, and our after-treatment should not consist in plugs of cotton, but in patronizing all the "angels of cleanliness" that encourage thorough drainage, and lessen infectious exposure to a minimum.

AN EXPERIENCE WITH ANTITOXINE.

By W. B. Dent, M. D.,
Oakley, St. Mary's Co., Md.

DIPHTHERIA has been epidemic in this vicinity since last September, during which time the death rate has, under all forms of treatment, been with us unusually large. In February I purchased a supply of diphtheria antitoxine and have treated with it five cases of well marked diphtheria, diagnosed from a clinical point of view. All recovered.

My first case was a boy two years of age, who on my first visit had a temperature of 104°, large amount of cervical infiltration, membrane over both tonsils, soft palate and back of pharynx. There was loss of appetite, vomiting, and the parents were greatly alarmed because they believed it utterly impossible to make local applications to the throat or give remedies internally, owing to the persistent struggles of resistance. Thirty minims of antitoxine No. 1 were injected and the dose repeated on the second day. On the third day the temperature was normal, patient cheerful, appetite returned and throat nearly clear of membrane. On the fourth day there was no fever, no membrane, the child seemed well and continued well, no other treatment being used.

My next cases were three children of a mother just recovered from diphtheria, she having contracted the disease at a neighbor's, where two children had died of it recently. These, aged respectively two, four and six years, were well marked cases with temperature of 102° to 103°, with no desire to be out of bed, no appetite, and extensive membrane on the throats and enlargement of the lymphatic glands of the neck.

At my first visit the youngest was given an injection of 30 minims of antitoxine No. 1 and the other two, tonics and the application of hydrogen peroxide and boric acid locally. On the second day the first case was unchanged and was given 30 minims of No. 2 antitoxine. The second case was decidedly worse and was given 80 minims of antitoxine No. 2. The third case was unchanged. On the third day the first and second were playing about the house with all symptoms greatly improved and membrane rapidly disappearing. The third case, upon whom only tonics, stimulants, spraying with antiseptics and cleansing agents and good nourishment were used, still had a temperature of 103°, no appetite and no desire to be out of bed. The membrane removed by the peroxide of hydrogen would return in a few hours. On the fourth day the first two were apparently well, no fever, no membrane, and have continued well to this time with no sequels. The third improved slowly and was well in about eight days.

My next case was a man between

forty-four and fifty, who lost a child from diphtheria in January last. Worn out by nursing his sick children, several of whom had the disease, depressed by the death of his child, reduced by the passage of a renal calculus a week before, discouraged by business reverses, and harassed by the care and education of ten children, it seemed I had in him a subject unfit to resist disease.

The clinical symptoms were plainly those of diphtheria. One bottle, 1000 units antitoxine, was injected with improvement in twenty-four hours and complete recovery in three days.

The next was a child of four years, whose little brother had died of diphtheria three weeks before. She, with two brothers, received a preventive dose of antitoxine No. 1. Next morning she was discovered to have the disease and given 30 minims of antitoxine No. 2. Rapid recovery followed, the symptoms never becoming severe. The other two experienced no inconvenience from the injections and have not taken the disease.

Three of the cases treated with the new remedy were in children upon whom any other treatment would have been very inefficiently applied in the absence of competent nursing. No unpleasant symptoms resulted from the injections.

It has frequently happened that our fatal cases have been those upon whom no treatment was or could be efficiently used either on account of timid nurses or peculiarities of the patient, but antitoxine can be used with ease in all cases and in my hands has seemed the most potent remedy; potent not because used in five cases that got well but because they recovered faster than when left to nature or when under other most approved forms of treatment.

The Treatment of Fractures.—Dr. F. E. Bunts of Cleveland, in a particularly practical article in the *Medical News* on the treatment of fractures, calls attention to the following propositions:

1. The indications for the treatment of fractures are positive and fixed.

2. All fractures should be adjusted at the earliest possible moment consistent with the obtaining of proper appliances or assistance.

3. We should not wait for inflammation to subside before placing the fracture in some kind of a retention-apparatus or splint.

4. Chloroform should be administered more frequently to facilitate diagnosis and adjustment.

5. When properly reduced there is comparatively slight tendency to redisplacement.

6. Simple splints are to be preferred to moulded ones.

7. Use that splint that best fulfils the indication, regardless of preconceived ideas.

8. Non-permanent are ordinarily to be preferred to permanent dressings.

9. Dressings should be opened up and fractures examined not later than the second day.

10. Rest and elevation are the best means of combating inflammation.

11. Cold is not contra-indicated in robust patients, particularly if the fracture extends into a joint.

12. Pain is best relieved by revision of the dressings.

13. Early passive motion and frequent massage are the best means of restoring function.

* * *

Whooping Cough.—This disease has received little attention of late and it is thought too lightly of by the people and the profession. Dr. W. W. Johnston of Washington, D. C., has made a very thorough and critical study of that disease and his conclusions are that it is a dreadfully fatal disease—and a terrible cause of suffering even where it does not kill, that physicians, health guardians of the families of patients, are directly responsible, almost wholly responsible for these deaths, and that every obligation of science and knowledge, every call of duty, summons us at once and forever to inaugurate a new era in its prevention and cure.

CORRESPONDENCE.

PRACTICABILITY AND JUSTIFIABILITY OF CONTINENCE WHEN CONCEPTION IS CONTRAINDICATED.

Editor MARYLAND MEDICAL JOURNAL.

Dear Sir:—The able and interesting paper on "The Prevention of Conception" by William Pawson Chunn, M. D., read before the Gynecological and Obstetrical Society of Baltimore and published in the MARYLAND MEDICAL JOURNAL, February 23, 1895, has attracted much notice.

In his zeal for women who are unable from congenital deformity or incurable disease of the uterus to deliver children in the natural way, the writer has recommended a course, which if generally followed by the profession, would tend to injure the moral tone of society and in time bring the medical fraternity into disrepute. The good intention of the writer may not be questioned, for it is manifest in every line of his able paper, but to bring relief to suffering women it is suggested that the unwritten moral law of Christendom be abrogated.

Not, indeed, that such women may be relieved from the natural conjugal relations, but that the way may be made easy for the man to indulge his sexual passion, when every human and Divine instinct teaches him that he should abstain from all sexual relations. When, instead of calling to his assistance the services of a surgeon "to rip open a woman's belly, to take the child from her," as the writer aptly puts it, or to take out the ovaries, or to ask his physician for vaginal suppositories, composed of acids, to act as effectual germicides during intercourse, why, in the name of humanity, if not a believer in the Divine law, should not the husband put himself under treatment of his own physician to reduce the force and intensity of his natural animal passions and with the powerful auxiliary of the human will earnestly endeavor to conquer his sexual propensity? In cases of pelvic deformity or contracted pelvis, where natural delivery is impossible or where pregnancy may prove fatal, the rule of the profession is well established.

When pregnancy occurs, under such circumstances, it is for the husband to decide whether it shall be the mother or the child that is to live. Should pregnancy occur a second time, or a third or fourth time, the sole responsibility rests with the husband and he may not seek to share the grave risk with the medical man, whose only duty is to minister to the case as it presents itself to his scientific skill. There is no rule, human or Divine, under which a man can avoid the absolute responsibility, under such circumstances, and if the mother dies the husband must alone answer if there is any blame.

The rational analogy would follow from the argument urged by the writer, that the physician should take the entire responsibility from the husband upon himself and incur likewise the blame should his specific fail to accomplish its purpose and conception follow this unnatural and grotesque species of marital commerce.

Plutarch more than seventeen hundred years ago, in his *De Conjug Praecept*, truly said, "He is an ill husband that uses his wife as a man treats a harlot, having no other end but pleasure." It has been aptly said by a learned and distinguished doctor, in this connection, that "there is an appetite to be satisfied, which cannot be done without pleasing that desire; yet since that desire and satisfaction was intended by nature for other ends, they should never be separate from those ends, but always be joined with all or one of these ends, *with a desire of children, or to avoid fornication, or to lighten and ease the cares and sadnesses of household affairs, or to endear each other;* but never with a purpose either in act or desire to separate the sensuality from these ends which hallow it. . . . Always remembering that marriage is a provision for supply of the natural passions of the body, *not for the artificial and procured appetites of the mind.*"

Chaucer has quaintly said, "Under-

stand that if a man and his wife fleshly assemble only for amorous love, and for none of the aforesaid causes, but for to accomplish that burning delight, they reck never how oft, softly, it is deadly sin ; and yet, with sorrow, some folk will more pain them for to do, than to their appetite sufficeth."

The Christian marriage is the type of the modern legalized relation of the sexes, and may for the sake of argument be considered to govern a large portion, if not a majority, of marriages at the present time. The ecclesiastical law recognizes marriage as a sacrament and it is clearly set forth to have been instituted for the purpose of procreating children ; to avoid fornication, which is a crime against the Christian law ; to lighten and ease the cares and sadness of household affairs; or to endear each other. The ecclesiastical law, which for many centuries was the common law of the Commonwealth, held that the destruction of the fetus three months after conception was murder and it was punished as such.

Any means taken to deliberately prevent conception has been for this reason held to be a crime against the Christian law. Therefore any continuous use of the sexual function to avoid the legitimate purposes of the Christian marriage is prostitution.

It has been tersely stated that "to prostitute means to prevent and degrade a natural use. To use the sexual function in woman apart from its natural and rightful consummation through procreation and motherhood, is a prostitution. To excite the sexual passion in man apart from its full and natural consummation through procreation and fatherhood, is a prostitution. Therefore, the separation of the sexual act from its distinct procreative purpose is always a prostitution."

A distinguished gynecologist has stated, after an extensive practice of nearly thirty years, as his deliberate opinion, that the continuous use of preventives of conception will produce cancer. The use of acids in the prevention of conception undoubtedly produces disease of the uterus.

The course recommended by the writer could not in these modern times be retained in the hands of the repubtable members of the profession. We would soon see a class of quasi-professional men grow up in the large cities learned only in this specialty and naturally not very conscientious as to the class treated.

Such a practice allowed in the reputable professional man, among his married patients, would inevitably lead to its use by the less reputable members of the medical fraternity, among unmarried women. The writer states that, if experience should determine this method reasonably safe and to be depended upon, it would no doubt supersede all other means for the prevention of conception. It would, hence, seem a very rational conclusion that the high tone of the present age, universally conceded to the medical profession, would insensibly be lowered and the physician and surgeon, now only second to the honored clergy, in the Christian community, would find themselves cheek by jowl with a class of *soi-disant* medical men, whom the code of ethics alone keeps unprofessional and disreputable.

It has been said by a learned physician: "I very much doubt if a member of the medical professsion ever had to treat a disease resulting from continence." It is true Dr. Acton cites cases where great suffering had resulted. Attacks of "acute virtue" are rarely fatal and are mostly confined to young men and readily yield to treatment. Physicians who have regularly attended professionally members of the *demi-monde* state that the principal feature of their trade is to stimulate the passions by the richest possible food, carefully selected. Surely a man who finds it necessary for the welfare, nay, even the life, of his chosen wife to abstain from sexual relations, should study carefully his diet with a view to moderating his sexual desire.

The learned Dr. Carpenter advises those of his readers who urge the wants of nature as an excuse for the gratification of the sexual passion, "to try the effects of close mental application to

some of those ennobling pursuits to which professional life introduces them, in combination with vigorous bodily exercise, before they assert that the sexual appetite is unrestrainable, and act upon that assertion." An authentic case is reported of a young and vigorous man, who felt it impossible to control his passions, yet at the same time was wise enough to recognize that gratification would be followed by fatal results, and who therefore determined to try to conquer his appetite. He took up the study of Hebrew and reported that in a year's time he had mastered his passions and acquired the language, with equal satisfaction to himself and his friends.

It is earnestly recommended to the advocates of "The Prevention of Conception," to follow the example of Acton and others, who have elevated the profession by their noble efforts, and to treat the husbands instead of the wives and to be capable of pointing with professional pride to cures wrought by their skill upon the married man, educated to a higher idea of the sacrament of marriage.

The very names of such physicians and surgeons will be revered by a large majority of women, who do not desire to leave their husbands but wish to see them educated by the profession to a proper and rational knowlege of the marital relation.

GEORGE C. SCHAEFFER,
Washington, D. C.

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I have been asked by women to evert suffering in the future. Not one has asked me to educate her husband. I have taken people as I found them. What shall I say of the following? "When pregnancy occurs under such circumstances (deformities, etc.) *it is for the husband to decide* whether it shall be the mother or the child that is to live." This statement seems to me nothing less than remarkable. Is it possible a woman should have no say in such a case? Shall her life be sacrificed, perchance to continue a long line of ancestors? Is she to be sacrificed without her consent? Is it right to sacrifice her at all? Would not the prayer of a prostitute be entitled to consideration in such an event? Could the father of such a child ever look his wife's mother in the face? Fortunately such a contingency is exceedingly rare. As long as the mother is conscious she should give the verdict.

In another place it is stated that "the ecclesiastical law held it a crime to commit abortion after the third month and for *this reason* to prevent conception is a crime against the Christian law." These are two separate and distinct statements. Why one follows from the other I confess my inability to understand. Certainly there is no reason given. And again, any "continuous use of the sexual function to avoid the legitimate purposes of the Christian marriage is prostitution." I had thought I was acquainted with a number of married ladies of high standing, but according to the writer I was mistaken, they are only prostitutes! The aforesaid law, after setting forth that marriage was only for procreation, etc., states that sexual relations may be had for the purpose of endearing each other. This is a blessed loophole of escape! I once knew of a couple who to "endear each other" performed the sexual act three

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Dr. Deale asked if it would not nullify functional trouble when a pathological change was spoken of? In other functional diseases there are no pathological changes.

Dr. Clark, in closing, said that neuroses were the result of vicarious reflexes, hyperemia and malnutrition of vessels. All neuroses are much alike. Hystero-epilepsy is like hysteria on one side and epilepsy on the other. Certain substances in chemistry have the same composition, yet are not all alike, the atoms being arranged differently; so also with the brains of the different individuals. Until microscopy advances we shall still be in doubt. Double consciousness is due to an association of ideas. He thinks hypnotism is destined to take a high place in medicine. To practice it successfully one is compelled to have subjects with weaker will power. He said he had taken only the four principal neuroses. He thanked the Society for the interest shown in his paper.

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Phosphorus . .	1 grain
Bromine . .	7 grains
Thymol . .	200 grains
Iodine . .	200 grains
Sterilized Oil .	ad 100 drachms

After uniting the elements and thoroughly dissolving them in the oil, the mixture should be allowed to stand in a glass mortar for at least twelve hours, and frequently subjected to thorough stirring. After this, it should be placed in a filter; in some instances, it is necessary to filter two or three times. The greatest care should be taken to obtain chemically pure drugs.

The commencing dose of the above formula is twenty (20) minims, which should be administered in the early part of the day, before the temperature is much elevated. The dose should be gradually increased, and at the end of the first week one drachm should be injected. In severe cases two injections of one drachm each may be given after the second week of treatment, the second injection being given immediately after the midday meal. The preferable site of injection is the back part of the upper arm and in the loose tissues on the back part of the shoulders.

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Intra-organic oxidation, nutrition and assimilation are stimulated to healthy action, and the system becomes changed from a condition of depraved nutrition, imperfect oxidation of the tissues, and rapid waste of the body, to a highly vitalized condition; the germicidal powers of the fluids of the body become increased and gradually regain their normal standard by the increase in the quantity and the improvement in the quality of the red blood-corpuscle, by the more perfect cellular oxidation, by the checking of suppuration, and cleansing the blood of septic matter absorbed from the lungs, and the consequent reduction of fever.

I might further state that in cases of acute phthisis, particularly of a miliary form, this treatment exerts only a limited controlling effect, and I make no claim whatever as to its value in that class of disease. In hemorrhagic cases, a considerably longer period of treatment is necessary, although it seems to check the hemorrhages from the start. In three notable cases of this class, who were having hemorrhages very frequently, and were, as a result, very much reduced in strength, no hemorrhages occurred after ten days' treatment.

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Bromine-iodine comp. has also proved to have extraordinary control over chronic bronchial asthma and in various sub-acute and chronic bronchial diseases.

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The Influence of Fatigue on the Auditory Functions.—The *New York Medical Journal* says that in order to study this question, the author made examinations of twenty-four bicycle-riders after they had ridden thirty-two miles in two hours and a quarter. Two of the men complained of subjective noises only, while in nearly all of them the perception of sounds by aerial conduction was less marked than in the normal condition, and Rinne's experiment showed negative results. In the riders who were subjected to an examination with tuning-forks a slight diminution in the perception of loud sounds was ascertained. The only lesion noticed was a slight hyperemia of the drum membrane.

The competitors were again examined after a rest of from two to seven hours, and in six of them the auditory power was found to be the same; in two it was not so good, and in the sixteen others it was better the aerial perception having increased from a few centimetres to a meter and a half, and Rinne's experiments gave positive results. The men in whom the amelioration was the most marked, in whom, consequently, the hearing had undergone the greatest change, were whose who had had little experience or training.

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MEDICAL ITEMS.

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Whooping Cough	5	1
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Mumps	3	
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Varicella		
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The number of new books on medical science and hygiene produced in 1894 was 140, new editions 21, this being a smaller number of new books than for 1893. Of this number, 161, there were 145 written by American authors. Fourteen were by English authors, imported in sheets and bound in the United States.

The Ninety-Seventh Annual Meeting of the Medical and Chirurgical Faculty will be held in the Hall of the Faculty April 23 to 26, 1895. Members wishing to present papers are requested to communicate their names and the titles of papers to Dr. W. H. Welch, 935 St. Paul Street, Chairman of Committee on Programme.

The *Medical Press and Circular* states that in Japan massage is practiced almost exclusively by blind persons. The idea is that the sense of touch is so much more delicate and developed in those who have lost their vision that the employment of them as masseurs and masseuses is quite in accord with the natural fitness of things. Blind persons are largely used for this purpose in St. Petersburg, and at a large massage-school there the professor is also blind.

The Literary Exercises of the Alumni Association, Medical Department, University of Maryland, will be held at the University, corner Lombard and Greene Streets, on Tuesday, April 16, 1895, at 8 P. M., sharp. The oration will be delivered by the Rev. J. B. Purcell, M. D., class of 1866. Subject: "Medical Ethics," after which the banquet will be served at the Eutaw House. Annual membership dues $1. All alumni in good standing are eligible. Applications, with Initiation Fee ($1), should be sent to the Corresponding Secretary, James M. Craighill, M. D., 1730 N. Charles Street.

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The number of new books on medical science and hygiene produced in 1894 was 140, new editions 21, this being a smaller number of new books than for 1893. Of this number, 161, there were 145 written by American authors. Fourteen were by English authors, imported in sheets and bound in the United States.

The Ninety-Seventh Annual Meeting of the Medical and Chirurgical Faculty will be held in the Hall of the Faculty April 23 to 26, 1895. Members wishing to present papers are requested to communicate their names and the titles of papers to Dr. W. H. Welch, 935 St. Paul Street, Chairman of Committee on Programme.

The *Medical Press and Circular* states that in Japan massage is practiced almost exclusively by blind persons. The idea is that the sense of touch is so much more delicate and developed in those who have lost their vision that the employment of them as masseurs and masseuses is quite in accord with the natural fitness of things. Blind persons are largely used for this purpose in St. Petersburg, and at a large massage-school there the professor is also blind.

The Literary Exercises of the Alumni Association, Medical Department, University of Maryland, will be held at the University, corner Lombard and Greene Streets, on Tuesday, April 16, 1895, at 8 P. M., sharp. The oration will be delivered by the Rev. J. B. Purcell, M. D., class of 1866. Subject: "Medical Ethics," after which the banquet will be served at the Eutaw House. Annual membership dues $1. All alumni in good standing are eligible. Applications, with Initiation Fee ($1), should be sent to the Corresponding Secretary, James M. Craighill, M. D., 1730 N. Charles Street.

WASHINGTON NOTES.

The Washington Obstetrical and Gynecological Society held its regular meeting on Friday night. Vice-President S. S. Adams in the chair. It was moved and carried that resolutions should be drawn up and sent to Drs. S. C. Busey and J. Ford Thompson expressing sympathy and sorrow for their sad afflictions and accidents.

Dr. H. L. E. Johnson presented a specimen of ovarian cyst, which he had removed at the Emergency Hospital a short time before. It was interesting from the fact that it had a thin diaphragm over the fimbriated extremity of the tube, which was attached to it, giving the appearance of being in the transition stage from an ovarian to a tubo-ovarian cyst.

Dr. T. C. Smith read an extremely interesting paper, entitled "A Case of Hypertrophy of the Cervix Uteri." This cervix protruded through the vulva and was a serious complication of the pregnancy which also existed. It was discussed at considerable length by Drs. H. L. E. Johnson, John T. Winter, J. Taber Johnson and J. Foster Scott.

Dr. Andrew H. Smith of New York, Professor of Clinical Medicine and Therapeutics in the New York Post-Graduate Medical School, will read a paper at the next meeting of the Medical Society, entitled "Some Points in the Physical Examination of the Chest."

The Semi-Annual Meeting of the Medical Association of the District of Columbia was held on the 2nd instant, for the election of officers and members. The newly elected officers are: President, Dr. C. H. A. Kleinschmidt; Vice-Presidents, Drs. J. Dudley Morgan and S. S. Adams; Secretary, Dr. J. R. Wellington; Treasurer, Dr. H. M. Deeble. The Censors are: Drs. Woodward, McLaughlin and Mayfield. The Board of Counsellors are: Drs. G. W. Cook, McLain, G. N. Acker, Yarnall, D. O. Leech, Ober, Holden, T. R. Stone and Kohn.

The new members are Drs. Charles M. Emmons, Rudolph H. Von Ezdorf, George B. Heinecke, Philip Jaisohn, Wallace Johnson, A. Sidney Maddox, Charles C. Marbury, Oscar A. Menocal, Sofie A. Nordhoff, Walter L. Pyle, M. B. Strickler, A. R. Stuart, H. D. Vincent and Frank P. Vale.

The Delegates to Baltimore at the meeting of the American Medical Association in May are as follows: Drs. S. S. Adams, G. N. Acker, Balloch, J. Westey Bovée, J. R. Bryan, S. C. Busey, W. P. Carr, Chappell, G. Wythe Cook, J. Eliot, C. W. Franzoni, H. D. Fry, H. H. Barker, Heiberger, Hill, Holden, J. Taber Johnson, W. W. Johnston, James Kerr, A. F. A. King, Kleinschmidt, Kober, Lamb, Magruder, Mayfield, McLain, McLaughlin, E. L. Morgan, J. D. Morgan, F. S. Nash, Ober, Pool, C. W. Richardson, Smith, I. S. Stone, J. M. Toner and Woodward.

The plans for the smallpox hospital have been approved by the Commissioners and the work on the building is expected to commence very soon. The building will be of two stories, the first floor for colored patients and the second for white patients. The inside will be cemented so that a hose can be used to wash out the walls and floors. A wall six feet high will surround the hospital and outbuildings.

The humid atmosphere has increased the death rate of the city.

The Daisy Chain Guild is making a noble effort to establish a hospital for contagious diseases. This Guild was composed of about 350 children who banded together to work for charity and directed their attention toward raising money for a hospital for contagious diseases. They accumulated nearly $10,000 and have never been able to make any use of it because every one who owns a foot of land refuses to let it be built in his neighborhood, although he will admit the necessity for such an institution.

PUBLIC SERVICE.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF MEDICAL OFFICERS.

UNITED STATES ARMY.

Week ending April 8, 1895.

Captain Reuben L. Robertson, Assistant Surgeon, is granted leave of absence to and including July 3, 1895, on which date his resignation has been accepted by the President to take effect.

Leave of absence for two months, on surgeon's certificate of disability, is granted Captain James E. Pilcher, Assistant Surgeon.

Captain Rudolph G. Ebert, Assistant Surgeon, relieved from duty at Fort Huachuca, Arizona, and ordered to Fort Columbus, New York, for duty at that post.

Captain Benham, on being relieved by Captain Shillock, will report in person, for duty at Fort Wingate, New Mexico.

BOOK REVIEWS.

MEDICAL GYNECOLOGY: A Treatise on the Diseases of Women from the Standpoint of the Physician. By Alexander J. C. Skene, M. D., Professor of Gynecology in the Long Island College Hospital, etc. With Illustrations. New York: D. Appleton & Co., 1895. Pp. 529.

To his other valuable contributions to gynecological literature, Dr. Skene has this year added the above mentioned work, which is a volume of some 500 pages, and deals with the diseases of women from the standpoint of the physician as opposed to that of the modern gynecologist, who not infrequently considers that the knife constitutes almost the sole remedy in this branch of medicine.

The following quotation from the preface will show the intent and scope of the work:

"The volume is arranged in three parts:—Part I deals with the primary differentiation of sex, development and growth during early life, and the conditions favorable to the evolution of normal organization and the attainment of a healthful puberty.

"Part II treats of the characteristics of sex, the adaptation of structure to function, the predisposition to particular diseases. Then follow all the functional and organic diseases common to the period of active functional life of woman which naturally come under the observation and care of the physician.

"Part III discusses the menopause, or the transition from active functional life toward advanced years, and then the diseases of the latter period.

"The great object of the first part of this work is to consider as fully as possible the ways and means of developing vigorous organizations and maintaining healthy functional life. This necessitates attention to hygiene at all periods of life and all that the term implies.

"In discussing the treatment of diseases the author has endeavored to define as clearly as possible the boundary line between medicine and surgery and their capabilities, so that each may be thoroughly understood and employed for the relief of suffering and the saving of life."

We feel sure that the book will do a great deal of good, and can recommend it to those who desire to cultivate this side of gynecology, but we believe that it would have subserved a much more useful purpose had it been one-half or one-third its present size.

CURRENT EDITORIAL COMMENT.

THE SIN OF SUBSTITUTION.

Medical Record.

To one who has given much thought to the matter, it is clear that the druggist does not begin dishonest, but that unless he exercises the greatest and most constant care he gradually is led into an easy way of looking at the physician's rights, until by a graduated course of counter-prescribing, playing the doctor, recommending something of his own as better than that prescribed, his sense of right is blunted.

INDEX MEDICUS.

American Medico-Surgical Bulletin.

THERE are a great many men who do not subscribe to the *Index* because they say: "What is the use? I can always find it at the library when I want it." We would remind these men that if they do not subscribe, and every doctor took the same ground, there could be no *Index Medicus* for them to consult at their library or elsewhere. We must be willing to pay for so valuable a publication. There is nothing like it anywhere. The older men know how very difficult it used to be to look up cases before the "Index" was thought of. Surely for a few dollars we who write on medical topics, as well as those of us who keep informed as to the progress of medical thought, cannot be so foolish as to throw away so important an aid as the *Index Medicus*.

UNJUSTIFIABLE SURGERY.

Mathews' Medical Quarterly.

IT is to the credit of American surgery that a halt has been called and reason is taking the place of hasty action in much of this practice. It is true, very true, that *conservatism* in surgery often means quick action, or the opportunity to save life is lost. But these are exceptional cases, and in many of these it has not yet been definitely settled whether to wait or not to wait is conservative. To read in the medical journals of this wonderful piece of surgery, and that good operation, of this man's special operation, and that man's modification, smacks much of the reports of the patent office, where every inventor is trying to outdo or improve upon the other. The saving of life and the benefiting of the afflicted should be the aim, the only aim of the surgeon, not the vainglory that is to be achieved by reporting more cases than a brother surgeon or doing a bloodier piece of work.

PUBLISHERS' DEPARTMENT.

All letters containing business communications, or referring to the publication, subscription, or advertising department of this Journal, should be addressed as undersigned.

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TO PRACTITIONERS OF MEDICINE.

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NOTES.

BOROLYPTOL, a combination of aceto-boroglyceride and formaldehyde, is a powerful germicide.

*

THE dose of strychnia should be steadily increased when we desire to get its beneficial effects in chronic disorders. It is preferably given hypodermatically in such cases.

*

DIET should always be considered an important factor in the treatment of epilepsy. In the severe form (*grand mal*) the convulsive seizure is often a sequence of a full stomach.

*

DR. R. S. TYRRELL thinks lithemia is a strong predisposing cause of hay fever. A fifteen-grain dose of salicylic acid before breakfast was sufficient to dissipate a threatened attack in his own case.

*

TO prevent puerperal septic infection, prophylactic vaginal douche of corrosive sublimate solution after each examination. Internal examination and intra- uterine manipulation should be avoided as much as possible.

*

FOR bleeding of the nose the following is needful: Examine interior of nose carefully. When proceeding from anterior ulcerations cauterize with pure chromic acid as often as necessary. This treatment is applicable in all forms of nasal hemorrhage.

PHARMACEUTICAL.

PASTEURINE is to me the perfection of combinations as antiseptic and disinfectant for toilet, surgical and medical purposes. Its splendid tasting and non-poisonous qualities alone easily place it at the head of all such preparations. It deserves the indorsement of the profession.—G. W. Cale, M. D., St. Louis.

ANY physician who is in need of a pocket visiting list can get one for the asking. The Medical Novelty Company, New York, issues monthly a very neatly arranged pocket list which they send free of charge to any one if the request reaches them by the fifteenth of each month. The list is ruled for number, name, address, office or house visit and charges, together with a monthly summary; and contains an obstetrical table, calendar, etc. Write for a List to 21 West 23d Street, New York.

A PATIENT may literally starve to death and yet be fed to death. The weak and overworked digestive apparatus refuses to perform its natural function, and consequently food that is taken into the stomach is not digested and acts as so much offensive or foreign matter, fermentative decomposition takes place with the evolution of noxious gases and the formation of new and irritant compounds. The most learned physiologists of the present day affirm that the mal-products of nutrition are positive depressant poisons, and the facts are borne out and proven to be correct by the observation and experience of medical men every day. In these conditions nature must have assistance. Zumo-Anan (Pine-apple Digestive Wine) supplies the deficiency of the natural digestive ferments, and at the same time stimulates the secretion of gastric and pancreatic juices.

MELACHOL, the advertisement of which appears in one of our pages, and to which we draw the attention of our readers, is the product of experimentation of the most reliable pharmaceutical purveyors in St. Louis. Its projectors and manufacturers are among the best and most thoroughly well known drug-makers in St. Louis. In an agreeable, attractive form, Melachol furnishes several remedies which are admirable laxatives, the most prominent of which is the phosphate of soda,

and those who are familiar with the value of this remedy, and the importance of having a pure article, will appreciate Melachol. In conditions of catarrh of the bile duct and the gall bladder, and of the intestinal canal, there is no better remedy than the phosphate of soda. Melachol, then, in doses from a teaspoonful to a tablespoonful, according to the laxative effect desired, in a half a glass of water, two or three times a day, will be found of great value. The well known solvent effects of this combination upon gall stones and other unfavorable conditions of the intestinal tract will commend it. We are confident that the medical profession will welcome Melachol. —I. N. Love, M. D.

STANBERRY, MO., March 8, 1895.
COLUMBIA CHEMICAL COMPANY,
Washington, D. C.

Under date of May 15, 1894, I reported the case of a lady, aged 26, who had menstruated only at rare intervals and then only a slightly colored fluid, and at the time she came under my observation there had been no flow for five months. I inquired into her history and found that her health had always been delicate, yet she never considered herself an invalid. I made a thorough physical examination of her case with the view of treating her for sterility. The following objective points were noted: General appearance, anemic; there was a look of childish innocence in her face, yet blended with an intelligence of a high order; the muscular system lacked firmness and rotundity; the uterus was infantile, and the ovaries could not be made out by digital or bi-manual palpation. The vaginal structure indicated lack of muscular integrity. Specula exploration showed an unnatural paleness and the sound passed the internal os without difficulty. On these grounds I concluded that the sterility and amenorrhea was due to defective nutrition of the womb and ovaries—in fact, a general want of blood supply throughout the pelvic organs. Acting on this opinion, I placed her on Ovarine (Hammond's) in *m.* v doses once per day and in three weeks the menses were established. The result in this case has been, as it has proven in nearly all cases in which I have used the Extracts, highly pleasing, but in this particular case I will say that the patient referred to is now in the seventh month of pregnancy and nothing unusual has attended her progress so far. I have just commenced the use of Cerebrine and Medulline alternately (two doses per day) in a case in which there is ataxic symptoms present with an occasional attack of an epileptic form, convulsions, traceable to an over-heat twenty years ago. Respectfully, (signed) E. Houston, M. D.

SULFONAL.—Within the limits of its field of action, Sulfonal will be found to fulfill all the demands for a reliable and safe hypnotic, provided always that it is properly administered. The latter point is deserving of especial emphasis, since in those instances where disappointment has been experienced from the effects of Sulfonal, the failure has been too often attributable to a faulty method of administration. In some of these reports the authors speak of administering this remedy dry on the tongue or in wafers, followed by a swallow of cold water, and then remark, perhaps, that it acted slowly or imperfectly, or that a repetition of the dose was required. To obtain a prompt effect from Sulfonal, the powder or tablet should be stirred in a glass two-thirds full of boiling water, tea, milk, etc., until completely dissolved. A little cold water is then added to reduce the hot solution to a drinkable temperature, or it may be allowed to cool to this temperature. To insure success, the Sulfonal must be taken wholly dissolved, and the hotter the solution is taken the better. It is surprising to note the prompt and satisfactory result of this simple manoeuvre. Sleep results in most cases in a short time, and seems to be more profound and dreamless than that from a larger dose taken in the ordinary way; drowsiness on the subsequent day is scarcely felt if the dose be properly graduated.

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A WEEKLY JOURNAL OF MEDICINE AND SURGERY

J. F. SCHULZ, BALTO.

WASHINGTON, D. C., Loan and Trust Building.

ESTABLISHED 1878.

VOL. XXXII.—No. 26. BALTIMORE, APRIL 13, 1895. WHOLE No. 733

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OF THE

American Medical Association.

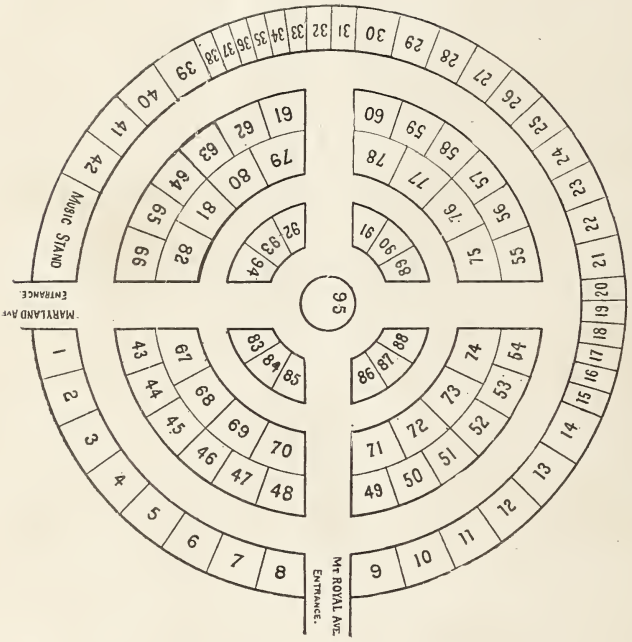
TO BE HELD AT

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IN THE VICINITY OF HEADQUARTERS.
THE STAFFORD IN THE BACKGROUND.

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